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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Rwanda
Support for a comprehensive population programme

Proposed UNFPA assistance:	$7 million, of which $4.5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $2.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1993
Executing agencies:	Government of Rwanda United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning

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Rwanda

Demographic facts

Population (000)	
Total	7,027
Males	3,473
Females	3,554
Sex ratio (/100 females)	97.7
Urban	393
Rural	6,634
Per cent urban	5.6
Population in year 2000 (000)	9,766
Functional age groups (%)	
Young child: 0-4	20.5
Child: 5-14	28.9
Youth: 15-24	19.0
Elderly: 60+	3.9
65+	2.4
Percentage of women aged 15-49	42.4
Median age (years)	15.3
Dependency ratios: total	107.4
(/100) Aged 0-14	102.4
Aged 65+	5.0
Agricultural population density (/hectare of arable land)	7.8
Population density (/sq. km.)	267

Average annual change (000)	
Population increase	261
Births	400
Deaths	139
Net migration	0 ..
Annual population total (% growth)	3.40
Urban	5.04
Rural	3.04
Crude birth rate (/1000)	52.1
Crude death rate (/1000)	18.2
Net migration rate (/1000)	0.0 ..
Total fertility rate (/woman)	8.49
Contraceptive prevalence rate (% 15-44)	10
Gross reproduction rate (/woman)	4.20
Net reproduction rate (/woman)	2.90
Infant mortality rate (/1000)	110
Maternal mortality rate (/100,000)	210
Life expectancy at birth (years)	
Males	44.8
Females	47.7
Both sexes	46.2
GNP per capita (U.S. dollars, 1990)	310

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $7 million, of which $4.5 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1993, to assist the Government of Rwanda in achieving its population and development objectives. UNFPA would seek to provide the balance of $2.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. This would be the third comprehensive UNFPA programme of assistance to the Government of Rwanda. The second, 1987-1991, in the amount of $5 million, had to be extended to the end of 1992 because of the civil war that broke out in October 1990. The proposed programme for the period 1993-1997 is based on the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that was fielded by UNFPA in April 1992 and takes into account the UNFPA strategy for assistance to sub-Saharan Africa (document DP/1987/37) and UNFPA's strategy to deal with issues concerning women, population and development (document DP/1987/38). It is synchronized with the new programming cycles of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).

3. The long-term objective of the proposed programme is to strengthen the Government's capacity to bring its population growth into balance with the country's resources and environmental constraints. The immediate objective is to assist the Government to come as close as possible to meeting the major demographic goals set forth in the population policy document officially approved in June 1990. Particular goals for the year 2000 would be to reduce the growth rate from 3.6 per cent in 1990 to 2 per cent, increase the contraceptive prevalence rate from 12 per cent in 1990 to 48.4 per cent and reduce the total fertility rate from 7.9 in 1992 to 4.0 and reduce the overall mortality rate so that life expectancy at birth rises from 49 in 1985 to 53.5. (See demographic data sheet on p. 2 for United Nations estimates for the fertility rate for the quinquennium 1990-1995.)

4. However, the PRSD mission considered the objectives established in the population policy document as being too ambitious to be achieved in such a short time span. Therefore, the following specific objectives have been established for the third UNFPA programme of assistance: to assist the Government in reducing its population growth rate to 2.8 per cent by increasing the contraceptive prevalence rate from 12 per cent to 28 per cent and by reducing the contraceptive drop-out rate by 50 per cent and the total fertility rate from 7.9 to 6.2 children per woman.

5. The strategies to help attain these objectives are: (a) ensuring the involvement of all major development partners in implementation of the policy; (b) strengthening the technical capabilities of sectoral ministries to develop, implement and evaluate action plans based on the relevant policy objectives; (c) strengthening the population IEC programme in order to foster widespread acceptance of the principles and objectives of the population policy; (d) diversifying the types of grass-roots agents involved in the promotion of population and family planning messages to the largely rural population; (e) strengthening institutional capabilities to implement and evaluate the policy; (f) improving the status of women by helping to elaborate a women-in-development strategy that takes into account the population component; (g) making family planning services more accessible and reinforcing the maternal and child health and family planning (MCH/FP) unit of the Ministry of Health to gradually take over the management of the family planning programme from the National Population Office (ONAPO); and (h) improving demographic data analysis and dissemination for planning and evaluation purposes.

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6. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para 14(d)); that respect for human life is basic to all human societies (para. 14(e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

7. According to the 1991 population census, the population of Rwanda is estimated at 7.2 million. With an annual growth rate estimated at 3.5 per cent, the population will reach 10 million by the year 2000 and double in 22 years. Despite the relatively late age at marriage (23.2 years for women and 27.5 years for men), the total fertility rate is among the highest in sub-Saharan Africa -- 7.9. Infant mortality is high, estimated at 112 per 1,000 live births. Life expectancy at birth is 50.5 years. External migration, important before Independence, is now insignificant. It is estimated, however, that 500,000 Rwandans have sought refuge in other countries. The population of Rwanda is young, more than 60 per cent is under the age of 20. The population density, among the highest in Africa, is estimated at 275 persons per square kilometre. This high density is considered to be the major reason for the imbalance between food supplies and population, the pressure on land, and the high levels of unemployment and child malnutrition.

8. A landlocked country of 26,338 square kilometres, Rwanda depends on agriculture, which generates 40 per cent of its gross national product (GNP) and 95 per cent of its exports. Until the early 1980s, Rwanda was one of the few African countries whose agricultural production increased more rapidly than its population, 4.7 per cent against 3.7 per cent a year from 1966 to 1982. However, this trend could not be maintained after 1983 because of the decline in soil fertility, climatic conditions and low world prices for the main cash crops -- coffee and tea. This resulted in a decrease in per capita GNP from $280 in 1986 to $245 in 1990. More than 80 per cent of the population lives below the poverty level. Seasonal food shortages have affected 600,000 persons since 1989, and the country now depends on emergency food assistance. This economic deterioration has prompted the Government to adopt a Structural Adjustment Programme. However, because of the ongoing civil war, a large part of the budget goes to military expenditures at the expense of social and productive sectors.

9. Despite considerable efforts, the Government has had difficulties in increasing school enrolments. The enrolment rate for elementary school is 66 per cent. At the secondary and higher education levels, school enrolment is among the lowest in Africa. School fees are a major obstacle to increasing enrolment. The enrolment rate for girls and women is even lower -- 48 per cent in elementary school, 34 per cent in secondary and 17 per cent at the university level. Illiteracy remains an important constraint to the promotion of women and to the improvement of living conditions in rural areas.

10. In 1989 when Rwanda adopted a plan to improve primary health care through the Bamako Initiative, there was one health facility for 20,608 inhabitants and one hospital bed for 697 inhabitants. Malaria, which has increased dramatically, is the most widespread disease, followed by parasitic, infectious respiratory, and diarrhoeal diseases. Tuberculosis has become critical because of its association with AIDS. A diarrhoeal-malnutrition combination is the first cause of infant and child mortality. It is estimated that 69 per cent of pregnant women receive prenatal consultations, but, due to the relatively long distances to medical facilities, 82 per cent give birth at home without qualified medical assistance. This is a major cause of the high infant

and maternal mortality (which is probably underestimated at 186 per 100,000 live births). Approximately 80 per cent of children are vaccinated.

11. Problems in the health sector include inadequate distribution of human, material and financial resources in the different regions; limited and irregular availability of essential drugs; outbreak of epidemics, e.g., cholera and meningitis; and the consequences of the persisting civil war. AIDS is a serious public health problem. According to statistics of the National AIDS Programme, 2.2 per cent of the rural population and 25 per cent of the urban population are seropositive for HIV. The National AIDS Programme that started in 1987 is supported by the WHO Global Programme against AIDS (GPA) and several other donors.

12. In 1990, the Government adopted a comprehensive population policy with quantitative targets to reduce population growth and fertility rates and to increase contraceptive use. The policy outlines actions aimed at having a direct impact on demographic growth such as sensitizing the public to demographic issues and the promotion of contraception in all health facilities as well as actions that would have an indirect influence on demographic behaviour. These include improving health status to decrease mortality; improving education; increasing food production; providing better land management and environmental protection; developing human resources and employment opportunities; promoting the status of women; working to alleviate poverty; and formulating plans for improving the spatial distribution of the population.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. UNFPA assistance to Rwanda began in 1975 in support of the first population census, which was held in 1978, followed by the Fund's first comprehensive population programme for the period 1982-1986, in the amount of $5.5 million. The second programme of $5 million for 1987-1991 (extended to December 1992 because of the civil war) attracted unexpected multi-bilateral assistance for the census and for MCH/FP activities. As a result, total expenditures up to December 1992 amounted to $8.1 million. The programme covered activities in the areas of MCH/FP; information, education and communication (IEC) in the informal sector; data collection and analysis; and population policy formulation and implementation.

14. An overall analysis of the second programme shows that its major goals were achieved: the total fertility rate declined from 8.5 in 1987 to 8 in 1990 and the population growth rate declined from 3.7 per cent to 3.5 per cent. In 1990, the Government adopted a comprehensive population policy as well as action plans to achieve its goals. Despite the war situation, the population census was successfully conducted in August 1991. A major handicap to the programme was high staff turnover, particularly in the National Population Office (ONAPO) and the Ministry of Planning. In addition, some of the key ministries showed little interest in the population programme, perhaps because their necessary involvement was not made explicit.

Maternal and child health and family planning

15. In the area of MCH/FP, UNFPA assistance helped ONAPO to reinforce its coordinating capacities; to streamline procedures for service delivery; to provide contraceptive services; to provide women with information on family planning; and to improve programme monitoring. Emphasis was put on expanding MCH/FP services in all health centres; reinforcing administrative support to health facilities; training and developing training materials in MCH/FP for health personnel; improving contraceptive management, distribution, and logistics; and improving and defining standardized working methods. With assistance from the World Bank, ONAPO changed its strategy from creating mobile teams to establishing 49 secondary family planning posts. An introduction trial for the Norplant contraceptive implant was successfully conducted with

technical assistance from The Population Council, and its extension is under way. The contraceptive prevalence rate increased from 2.6 per cent in 1987 to 12 per cent in 1991. It is estimated that 80 per cent of the population has knowledge of at least one modern contraceptive method, and services are available in 80 per cent of the Government's facilities.

16. Despite the wider range of methods available since 1988, injectables remain the most popular. They are used by 62 per cent of women, while the pill, which is not actively promoted, is used by 26 per cent and IUDs by only 2 per cent. Drop-out rates are high. With the establishment of the National AIDS Programme, it is expected that the condom will also be more actively promoted. Acceptance of surgical contraception is increasing. The programme faces such constraints as pro-natalist cultural factors; high infant mortality; a low level of education; opposition by the Catholic Church to modern contraceptive methods; lack of personnel trained in counselling and service delivery; and inadequate facilities. The programme is the responsibility of ONAPO including the training of MCH/FP personnel and the distribution of contraceptives. The Ministry of Health, however, is responsible for delivering family planning services. This division of tasks seems to hinder full integration of family planning into other MCH and primary health care services.

17. UNFPA expended almost $2 million for MCH/FP activities, representing 15 per cent of the total assistance provided by various donors to the National Population Office. In 1991 UNFPA assistance was supplemented by $600,000 from the Government of Austria through a multi-bilateral arrangement, which was used to purchase contraceptives.

Information, education and communication

18. UNFPA assistance has helped the Government to sensitize the rural population on the effects of rapid population growth by reinforcing the IEC programme developed by ONAPO for training grass-roots volunteer communicators. Training was carried out by multi-disciplinary teams at multi-purpose training centres. However, the number of communicators trained is far less than the number initially projected, and an evaluation shows that only 54 per cent of those trained are actually carrying out their duties. Nonetheless, they were able to enrol 60 per cent of the family planning acceptors in 1990. The main weaknesses of this communication programme are the lack of adequate didactic materials and the difficulties encountered in retaining, monitoring and evaluating outreach workers. In addition, the programme relies heavily on volunteer social mobilization, and this seems to be in jeopardy in the new political environment.

19. The second component of UNFPA assistance in the field of IEC was the introduction, on a pilot basis, of population education in the agricultural extension services of the Ministry of Agriculture. Activities undertaken included the carrying out of a knowledge, attitude, practices (KAP) study; development of didactic materials for workers; and the assessment of impact on the targeted audiences.

Data collection and analysis

20. UNFPA assistance in the area of data collection and analysis aimed primarily at supporting the second population and housing census, which had initially been planned for 1988 but was postponed to 1991 because of financial and institutional difficulties. In addition to UNFPA assistance, the census operations also benefited from multi-bilateral assistance from the Governments of Belgium, Canada, the Netherlands and Switzerland. UNDP provided technical assistance in computer and data processing training.

Population policy formulation

21. UNFPA support helped to strengthen ONAPO in population policy formulation leading to the adoption of the national population policy in 1990. In collaboration with the World Bank and the United States Agency for International Development (USAID), assistance was provided for socio-demographic research to help in preparing the policy. Included were studies on the relationships between population and development; on the causes for the high drop-out rate from family planning programmes; on population and agricultural production; on cost/benefit analysis of family planning; and on sociocultural attitudes to and the practice of contraception. Technical assistance was provided to collect and analyse data on population trends; to elaborate population projections, objectives and programmes for the preparation of development plans; to train demographers in order to strengthen data collection; and to improve analysis and programming capabilities. The sectoral plans still need to be refined and quantitative objectives need to be set for some areas, such as mortality. In addition, plans to integrate population variables into the National Development Plan did not take place because the Plan was never fully elaborated. As a result, the project had to be reoriented towards training regional planners to respond to the Government's new goal of encouraging participatory planning at communal levels.

Women, population and development

22. While all the projects in the programme described above gave special consideration to women's concerns, there was no specific component for women. UNFPA's ability to intervene in the area was hindered by the absence of a permanent forum for dialogue since the unit in charge of women's affairs was transferred during several cabinet reshuffles, and no women's association was officially recognized until late 1989. The Ministry of Family and Promotion of Women was established only in April 1992. However, to obtain socio-economic information on women, UNFPA funded a consultancy mission that conducted a situation analysis and assessment of women's needs. The conclusions were to be used by the Rwandan Women's Organization for Development (URAMA) to develop an action plan.

Other external assistance

23. Several donors, including USAID, the World Bank, and the Governments of Germany and Belgium, have assisted Rwanda in the population field. Through ONAPO, USAID has funded various MCH/FP activities, including logistical support and the construction of the Kigali Family Health Regional Training Centre. From 1982 to 1989, USAID granted $6.25 million to ONAPO. A second five-year phase from 1990-1994, in the amount $9 million, aims at extending MCH/FP activities both in the public and private sectors and conducting research studies. Another overlapping programme (1992-1997) in the amount of $11 million plans to provide assistance to the Ministry of Health for reproductive health, pre- and postnatal care and prevention of sexually transmitted diseases (STDs).

24. German assistance dates back to 1986 with the "Family Planning Motivation" project executed by the German Agency for Technical Cooperation (GTZ). A total of $2.5 million has been earmarked up to the end of 1993 for technical assistance, logistics, contraceptive supplies, development of family planning and IEC services and the creation of a research unit. Negotiations are under way for assistance in analysing the 1991 census data.

25. The Canadian Government has contributed to the census through the UNFPA multi-bilateral mechanism. Other multi-bilateral donors who have contributed to the conduct of the census include Switzerland, Belgium and the Netherlands.

26. NGOs active in the field of population include the International Planned Parenthood Federation (IPPF), which provides funding to the Rwandan Association of Family Welfare, and Care International, which has a $4.6 million programme, from 1992 to 1996, for improving MCH/FP services in one prefecture.

27. The World Bank became the major development partner of the Government in the field of population in 1986 by providing a loan of $10.8 million in support to the national MCH/FP programme. Its components included the training of health workers; rehabilitation of health centres; provision of medical supplies; strengthening of the institutional capabilities of various units of the Ministry of Health; construction of two assistant nursing schools; and research studies on the acceptability of various family planning methods. Another project of $11 million is being negotiated.

28. UNICEF's 1988-1992 programme in the amount of $25.6 million incorporated integrated MCH/FP components into primary health care training programmes; the implementation of an expanded programme of immunization (EPI); and the training of volunteer workers and traditional birth attendants.

IV. PROPOSED PROGRAMME 1993-1997

29. The proposed programme in the amount of $7 million, of which $2.5 million would be sought from other resources, takes into account the inputs from such other collaborating partners as the World Bank, USAID, UNICEF, UNDP, GTZ and various NGOs. It is based on the major conclusions and recommendations of the PRSD mission fielded by UNFPA in April 1992. While recognizing the Government's resolve to deal with its population issues as shown by the adoption of a comprehensive policy with quantified fertility and growth targets, the mission observed that key ministries still need to be sensitized to the role they are expected to play in its implementation. Unfortunately, the policy has been perceived as being the sole responsibility of ONAPO. The mission highlighted four main actions: (a) further sensitization of all major ministries and decision makers on the population policy and on their roles in its implementation; (b) development, at national and regional levels, of specific sectoral plans for each ministry; (c) significant reinforcement of IEC activities at all levels and across all sectors down to the community level as a way of informing and motivating the population; and (d) improvement of the quality and accessibility of MCH/FP services by providing a wider range of services and by training all categories of health staff combined with a better follow-up of acceptors as a way of reducing dropouts. As a top priority, the mission recommended the establishment of a National Population Commission (CNP) chaired by the Prime Minister, with ONAPO serving as the technical secretariat. Thus, the CNP would gain the required status to oversee and coordinate implementation of the policy by all concerned ministries and NGOs.

30. The overall goal of this third phase of assistance to Rwanda would be to help the Government to reach, as far as possible, the major population objectives established in the population policy document officially adopted in June 1990. These goals are presented in paragraph 3 above.

31. In order to ensure a more active participation of the country's people in population and development activities, the Government of Rwanda favours a greater decentralization of governmental programmes. In that context a new approach has been adopted. Donors are encouraged to support programmes directly at the prefectural level. As such, GTZ's intervention is concentrated in three prefectures; USAID will henceforth

cover four different prefectures; and CARE International will focus its activities in one. In the proposed programme, UNFPA would provide assistance to activities in three prefectures, including that of Kigali, the capital city, in addition to support at the central level for national plans and activities in certain sectors.

Maternal and child health and family planning

32. The PRSD mission recommended that ONAPO gradually transfer responsibility for management, supervision and expansion of family planning activities to the Ministry of Health. This should lead to a better integration among existing programmes and consequently to greater promotion and accessibility of family planning services. To that end, the proposed programme would assist the Government in restructuring and upgrading the central MCH/FP unit of the Ministry of Health and reinforcing its technical capability to develop, manage and expand the programme at both central and prefectural levels. Technical assistance in management of the programme and of clinics would be provided as well as training for health care staff, equipment for clinics and vehicles for supervisory activities.

33. At the level of the three prefectures where UNFPA would concentrate its intervention, the assistance would aim to improve the quality, efficiency and accessibility of MCH/FP services and assist in the creation of secondary family planning posts in order to help reach the goal of a 28 per cent contraceptive prevalence rate. The issue of drop-outs would be addressed by improving coordination with grass-roots workers to follow up on acceptors more closely. In addition, UNFPA would assist in: (a) training district managers in organizational management and programme monitoring; (b) providing training and refresher courses for all categories of health care personnel in family planning clinical, counselling and communication skills; (c) promoting operational research on the reasons for discontinuing the use of contraception and on negative rumours about contraception; (d) providing a wider range of contraceptive methods; and (e) supplying medical and audio-visual equipment and the data processing equipment needed for improving logistics and management information systems.

34. The programme would emphasize improving women's reproductive health through the Safe Motherhood approach. Health staff would be sensitized to this concept and would be trained in counselling on the advantages of family planning for improving women's health and in ways of enhancing accessibility to these services. Since UNFPA stresses freedom of choice of contraceptives, health personnel would be trained to promote a wider range of contraceptives. In an effort to promote self-reliance, consideration would be given to the implementation of cost-recovery schemes. The possibility of setting up community-based distribution and social-marketing systems would be studied in collaboration with USAID and health committees set up by the Ministry of Health.

35. UNFPA would also support the Education Unit of the Ministry of Health to ensure the integration of family planning into public health messages, including HIV/AIDS prevention, designed for the public and into the training manuals for health personnel. This would be done in collaboration with WHO, UNDP and UNICEF, which have already provided support to the national health education programme.

36. An amount of $3 million would be provided for activities in the area of MCH/FP, of which $700,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

37. At the national level, UNFPA assistance would contribute to setting up a National Technical Committee on population IEC with ONAPO as the secretariat. Its mandate would be to coordinate activities such as the development and implementation of a national IEC strategy, the harmonization of messages for specific target groups and the sensitization of political, administrative and religious leaders and the population at large on the principles and objectives of the population policy. This multi-disciplinary committee would be composed of representatives from governmental and non-governmental agencies involved in the implementation of population policies. UNFPA assistance would cover the commissioning of sociocultural and anthropological studies designed to help in developing messages and educational materials and in conducting an inventory of available materials and messages and of short-term expertise.

38. The second major component of UNFPA support in the informal IEC sector would be to assist the Ministry of Agriculture in expanding the integration of population education into agricultural extension services. This approach, which has been tried successfully on a pilot basis in one prefecture, would be extended to the whole country. Agricultural extension workers would be trained in the use of these materials and in interpersonal communication skills in order to complement volunteer grass-roots communicators. Sensitization seminars would be organized for the cadres of the Ministry of Agriculture. In addition, didactic materials would be produced and studies conducted to monitor attitudinal changes of the targeted communities.

39. In the three prefectures covered by the programme, UNFPA would continue to support ONAPO's family planning IEC programme, which involves grass-roots communicators using interpersonal communication techniques. UNFPA would collaborate with USAID and the World Bank in reinforcing the management of the programme itself in order to improve the efficiency of the communicators. UNFPA would also support the activities of the National Population Week organized jointly by ONAPO, the Ministry of Youth, and NGOs.

40. In the formal educational sector, UNFPA would collaborate in the current curriculum revision in the context of an overall reform of the primary school system. UNFPA would help to integrate population and family life education concepts into both school curricula and those of the teachers' training institutes. Assistance would cover the cost of technical expertise for development of curricula and didactic materials, testing of materials and training of trainers for the new curricula. UNDP, currently participating in the educational reform, would support the printing costs of manuals.

41. It is estimated that an overall amount of $1.8 million would be required for the IEC sector, of which $800,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

42. In 1990, the Government established the National Census Bureau as a permanent structure within the Ministry of Planning. Its mandate includes conducting socio-demographic studies and disseminating data. UNFPA would continue its assistance to the new bureau in strengthening its technical capability to conduct in-depth analysis of the 1991 population census results and in developing a strategy to rationalize the country's system of data collection and analysis. This would be done through short-term technical assistance, training, organization of a national seminar for data users, and dissemination of data through workshops and meetings. Data analysis would be undertaken in collaboration with the University of Montréal in the context of multi-bilateral Canadian assistance.

43. As recommended by the PRSD mission, the proposed programme would also support a migration survey to help the Government in acquiring better knowledge of population distribution for use in spatial planning and regional development.

44. A total amount of $500,000 would be required for data collection and analysis activities, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

45. To assist the Government in implementing the national population policy, UNFPA proposes to: (a) help key ministries to refine their respective action plans and develop operational programmes for sustainable development; (b) help in integrating the policy into regional and national development plans; and (c) assist in strengthening the capability of the ONAPO and the Ministry of Planning to undertake, in 1995, an assessment of progress in meeting the objectives.

46. An amount of $600,000 would be required for the area of population policy formulation, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

47. UNFPA would assist in integrating the population dimension into the national strategy and action plans for the advancement of women as well as in promoting women's reproductive health as an integral part of that strategy. The strategy is to be formulated by the newly-established Ministry for Family and Women's Affairs. This would be done in collaboration with other donors and sectoral ministries.

48. An amount of $700,000 would be needed for women, population and development activities, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Special programmes

49. A special programme would be developed for youth by introducing population and family life education into the curriculum of vocational training centres. Currently, 17 such centres receive support from UNDP for training of trainers, selection of programmes, and provision of technical assistance and equipment. An amount of $200,000 would be provided for these programmes, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

50. An amount of $200,000 would be set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

51. The Ministry of Planning is responsible for coordinating external assistance to Rwanda. The responsibility for coordinating population programmes lies with ONAPO, which also oversees the implementation of the population policy. No institutionalized structure has been set up for coordination of population programmes except in the MCH/FP sector where a council has been set up. It is made up of representatives of the public and private sectors and NGOs, including religious groups. On the external

assistance side, UNFPA, GTZ and USAID meet on a monthly basis to share information on their respective programmes as a means of avoiding duplication.

52. The PRSD mission proposed three mechanisms to coordinate the population programme: a National Population Commission under the Prime Minister; a National Technical Committee on population issues under ONAPO; and, at the external assistance level, a committee on population issues chaired by UNFPA.

Programme monitoring and management

53. The programme would be monitored by the UNFPA local office, comprised of the Country Director, the National Programme Officer, and administrative support staff, under the general guidance of the UNFPA Representative. It would be implemented in accordance with UNFPA's established guidelines and procedures. All projects developed under the proposed programme would have built-in monitoring and evaluation elements. A mid-term review would be organized jointly by the Government and UNFPA to assess the impact of the programme and to make recommendations for its final phase. UNFPA would make full use of available and appropriate national technical assistance, complemented by the UNFPA Country Support Team located in Addis Ababa, Ethiopia.

Financial summary

54. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $7 million over the five-year period 1993-1997, of which $4.5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $2.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,300,000	700,000	3,000,000
Information, education and communication	1,000,000	800,000	1,800,000
Data collection and analysis	200,000	300,000	500,000
Population policy formulation	300,000	300,000	600,000
Women, population and development	400,000	300,000	700,000
Special programmes	100,000	100,000	200,000
Programme reserve	200,000	--	200,000
TOTAL	4,500,000	2,500,000	7,000,000

V. RECOMMENDATION

55. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Rwanda in the amount of $7 million for the five-year period 1993-1997;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $4.5 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to seek to provide the balance of $2.5 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Rwanda and with the executing agencies.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Uganda
Support for a comprehensive population programme

Proposed UNFPA assistance:	$14 million, of which $8 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $6 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1993
Executing agencies:	Government of Uganda United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Finance and Economic Planning

Uganda

Demographic facts

Population (000)	
Total	17,560
Males	8,719
Females	8,841
Sex ratio (/100 females)	98.6
Urban	1,960
Rural	15,600
Per cent urban	11.2
Population in year 2000 (000)	23,401
Functional age groups (%)	
Young child: 0-4	20.0
Child: 5-14	28.3
Youth: 15-24	19.5
Elderly: 60+	4.1
65+	2.5
Percentage of women aged 15-49	43.5
Median age (years)	15.8
Dependency ratios: total	103.2
(/100) Aged 0-14	98.1
Aged 65+	5.1
Agricultural population density (/hectare of arable land)	3.1
Population density (/sq. km.)	74

Average annual change (000)	
Population increase	569
Births	968
Deaths	399
Net migration	0
Annual population total (% growth)	3.00
Urban	5.33
Rural	2.35
Crude birth rate (/1000)	51.0
Crude death rate (/1000)	21.0
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	7.30
Contraceptive prevalence rate (% 15-44)	5
Gross reproduction rate (/woman)	3.60
Net reproduction rate (/1000)	2.40
Infant mortality rate (/1000	104
Maternal mortality rate (/100,000)	300
Life expectancy at birth (years)	
Males	40.8
Females	42.9
Both sexes	41.8
GNP per capita (U.S. dollars, 1990)	220

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $14 million, of which $8 million would be programmed from UNFPA's regular resources, over a four-year period, starting January 1993, to assist the Government of Uganda in achieving its population and development objectives. UNFPA would seek to provide the balance of $6 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is UNFPA's third cycle of assistance to Uganda, a priority country for UNFPA assistance. Jointly developed by the Government and UNFPA, the programme takes into account the provisions of: (a) the Uganda National Rehabilitation and Development Plan (NRDP) 1991/92-1994/95; (b) ongoing efforts to formulate and implement a comprehensive national population policy and programme; (c) experience from the second UNFPA cycle of assistance (1988-1992); (d) UNFPA's 1991 mid-term review; (e) recommendations of the UNFPA-supported Programme Review and Strategy Development (PRSD) mission to Uganda in 1992; and (f) the Strategy for UNFPA assistance to Sub-Saharan Africa (DP/1987/37). The proposed programme also complements programmes and plans of other external assistance agencies and organizations, such as the United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), World Health Organization (WHO), United States Agency for International Development (USAID), and British Overseas Development Agency (ODA).

3. The proposed four-year programme would support the Government in its efforts to attain the following goals by the year 2000: (a) reduce the infant mortality rate from 110 per 1,000 live births to 80 per 1,000 and the maternal mortality rate from 500 per 100,000 live births to 300 per 100,000 births; (b) increase immunization coverage for children under two years from 33 per cent to 80 per cent; (c) increase the contraceptive prevalence rate from 5 per cent to 20 per cent; (d) increase the percentage of supervised deliveries from 38 per cent to 76 per cent; (e) enhance the health and socio-economic status of women and adolescents through improved and expanded maternal and child health and family planning (MCH/FP) services and population information, education and communication (IEC); (f) enhance national expertise in planning, formulating, implementing and managing population policies and programmes; and (g) improve the balance between population growth and available national resources.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. Preliminary results of the 1991 population census reveal that Uganda has a total population of 16.7 million, with an average growth rate of 2.5 per cent a year from 1980 to 1991.* If this rate

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* The results of the 1991 census differ from United Nations projections, which are provided on p. 2 of this report. For the sake of consistency, the demographic data presented in paragraph 5 are government figures.

of growth continues, the population would double in 28 years. The 1990 crude death rate was 20.5 per 1,000; the crude birth rate was 53 per 1,000; and the total fertility rate was 7.2 children per woman -- one of the highest rates in sub-Saharan Africa. Life expectancy was 42.6 years. The high fertility is attributed to the tradition of early, stable, universal and monogamous marriages and short birth intervals, averaging 10 months among a large proportion of women (according to the 1988 Uganda Demographic and Health Survey). According to the same survey, only 5 per cent of women (15-49 years) were using any form of contraception, although 81 per cent of women knew of family planning, and 74 per cent knew of at least one method. Male use of contraception was low; 40 per cent of husbands disapproved of family planning.

6. Socio-economic conditions. The period 1971-1986 was marked by economic decline caused by the outbreak of civil strife and a resultant collapse of the economy. Since 1986, the current Government has launched a series of emergency programmes aimed at promoting economic rehabilitation and restoring financial stability. However, economic productivity still falls far below capacity.

7. During the 1960s, Uganda had one of the best health care delivery systems in sub-Saharan Africa. Malaria and other epidemic diseases had been brought under control. However, with prolonged civil strife and destruction of the health infrastructure, the delivery of health services deteriorated considerably. Already difficult health conditions have been compounded by the outbreak of acquired immune deficiency syndrome (AIDS). The sero-positive human immunodeficiency virus (HIV) rate is 11 per cent, and there are about 34,000 recorded cases of AIDS. This situation is of extreme concern to the Government owing to the disastrous impact it has on the country's human resources. Even so, if the AIDS epidemic is not contained and the sero-positive rate were to increase to 20 per cent, the population would still increase to 29.6 million in 2011 from its present level of 16.7 million if current fertility levels are maintained. If the spread of AIDS is brought under control, population growth would be even higher unless contraceptive prevalence rates are increased drastically and the total fertility rate declines substantially.

8. The Ministry of Health estimates that, at present, only 30 per cent of the population are covered by health services, and only 12-15 per cent of the rural population have access to safe drinking water. The physician-population ratio is approximately 1:23,000. Of an estimated 200 health units that currently provide family planning services, only 76, located in the 13 districts receiving UNFPA support, offer all family planning methods daily.

9. The primary school enrolment rate is 79 per cent for boys and 63 per cent for girls. There is a tendency to delay schooling for a girl until the next sister is able to look after younger siblings. Owing to the high cost and inadequate infrastructure, secondary school enrolment for both sexes is low: 17 per cent for boys and 10 per cent for girls at the lower secondary level, and 6 per cent for boys and 2 per cent for girls at the upper level.

10. Despite efforts to improve women's health conditions and their educational and employment opportunities, sociocultural barriers to their advancement persist, among them early age of marriage, universal marriage, short birth intervals and pro-natalistic attitudes -- all of which encourage high fertility with its attendant risks. Data indicate that the incidence of maternal morbidity and mortality is increasing, and fertility-related problems are increasingly afflicting the 15-19 age group. Uganda lacks an official policy to deal with this age-cohort as a high-risk group.

11. Government positions on population matters. The Government has expressed keen interest in the relationship between population and economic development issues, especially concerning mortality and the provision of basic services. These concerns are reflected in the NRDP's population-related goals, which

include the formulation of an explicit population policy, the strengthening of MCH/FP services, the expansion of family life IEC activities, and the enhancement of women's health conditions and socio-economic status. In addition, the Government recently developed an MCH/FP programme for 1991-2000, with the objectives stated in paragraph 3.

12. Uganda's arrangements for decentralized development activities include the establishment of Resistance Councils (RCs) at various local levels for planning and implementing development programmes. With UNFPA assistance, 11 of the 38 districts have appointed a District Population Officer (DPO) who, inter alia, advises the Chairman of the RC and the District Administrator on population issues, thus affording an opportunity for the integration of population factors into development policy formulation and planning at the district level and beyond.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. Before the first country programme of 1985-1989, UNFPA's assistance to Uganda was provided on a project basis, covering vital statistics, IEC, population policy development and demographic training. Unfortunately, activities were disrupted by civil strife. The first country programme aimed at building necessary institutional capacities in the identified sectors and at laying the groundwork for a more comprehensive programme. The areas assisted were: analysis of data from the 1980 population census; establishment of demographic training at Makerere University; formulation of a population policy; strengthening of population and family life IEC; improvement of MCH/FP services; and enhancement of the status and role of women and youth. Major accomplishments were the processing of the 1980 census data, the introduction of the teaching of population studies and the strengthening of the MCH/FP Unit of the Ministry of Health. However, due to political and economic upheaval, few of the objectives could be fully realized. Consequently, of the total allocation of $3.4 million, only $700,000 was expended.

14. In 1988, the Governing Council approved the UNFPA second country programme (1988-1992) for $16 million, including $1.7 million in multi-bilateral sources, to assist the Government in achieving a reasonable balance between population growth, national development and available resources via the formulation of an explicit population policy and the integration of population factors into development planning. Due to budgetary constraints, the programme was implemented initially in 13 of the country's 33 districts (now 38), covering 40 per cent of the population.

15. A review of the programme in mid-1991 found that, despite considerable progress in developing the institutional framework for programme planning and implementation and for policy formulation, family planning service delivery lagged behind IEC services; the overall health rationale of population programmes had been insufficiently emphasized; and the country's declining economy had constrained the Government from providing full and timely counterpart contributions. The estimated total expenditure by the end of 1992 was $15 million.

Maternal and child health and family planning

16. UNFPA assistance to the MCH/FP sector aimed at promoting acceptance and strengthening delivery of MCH/FP services through the training of health personnel and the provision of equipment and contraceptive commodities necessary to develop a family planning service delivery network with 76 service delivery points located in 13 districts. The strategy entailed promotion of services through mass media and health personnel. Indispensable complementary assistance for the training of family planning service providers and for the rehabilitation of the health units was expected from USAID and the World Bank. Neither input

was received, due to economic and political factors. Beginning in 1991, UNFPA support was reprogrammed to address the acute shortage of trained family planning service providers and the dilapidated state of health units. Consequently, family planning services became available in the designated 76 service delivery points only late in the programme period. It is not yet possible to assess their performance. A positive sign, however, is that promotional activities appear to be generating demand. Family planning is being provided, with other sources of support, on an ad hoc basis in an estimated 124 health units throughout the country.

17. In addition, under the UNFPA programme, 1,683 traditional birth attendants (TBAs) (against a target of 1,200) and 1,120 community health workers have been trained in family planning. Six district medical officers have been trained at the master of public health level and have assumed responsibility for managing the district family planning programme. In addition, IEC materials have been developed, and MCH/FP equipment has been provided to the 76 units. To complement MCH/FP activities, additional support was provided to promote Safe Motherhood practices by increasing the number of pre- and postnatal services in eight districts. In each parish, two pregnancy monitors were trained and, with the active participation of the communities, maternity centres to accommodate at-risk pregnant women were established close to health centres.

18. Assistance was provided for AIDS prevention and control as an integral part of MCH/FP. Various categories of health workers deployed in the 13 districts were trained to increase awareness among women. To further strengthen the monitoring of family planning service delivery, a health information system was initiated. Contraceptives were provided to enable the Government to meet demand at all service points offering family planning. WHO assisted in executing these activities.

19. The main difficulties were the acute shortage of trained family planning service providers; damaged infrastructure; the lack of baseline data for target setting, planning and evaluation; weak service statistics system; over-ambitious goals; weak managerial and supervisory mechanisms; and insufficient focus on population IEC.

Information, education and communication

20. UNFPA provided support to interrelated IEC activities aimed at creating demand for family planning and promoting positive attitudinal changes towards smaller family size. Assistance was directed to gathering sociocultural data relevant for developing appropriate messages in participating districts; to publicizing family planning and population issues via the mass media; and to sensitizing workers and their families in family planning issues. In addition, the assistance also permitted the training of 14 labour officers and 12 agricultural extension workers in communicating population and family life IEC messages, and of several information officers in message development and production techniques. As a result, family life education themes have been developed and are expected to be integrated into the curricula of the agricultural training institutes beginning in 1993. In addition, family life education units have been established in the Ministries of Agriculture, Labour, and Information and Broadcasting. The International Labour Organisation (ILO) and the Food and Agriculture Organization of the United Nations (FAO) provided technical assistance to the above areas.

21. In formal education, UNFPA assistance was aimed at integrating population and family life education concepts into the school curriculum. The programme, executed by the United Nations Educational, Scientific and Cultural Organization (UNESCO), has set up a Population Education Unit in the Ministry of Education, with a core staff of 9 nationals supported by 12 writers to assist in curriculum preparation. Draft curricula in population and family life education for primary and secondary school levels were introduced into selected

schools, and teachers' guides and pupils' texts were developed. The assistance also supported the sensitization of school administrators, planners and policy makers on population education while teachers were being trained.

22. The major constraints were delays in the undertaking of baseline research, lack of personnel, ineffectual and unfocused messages, inadequate emphasis of messages on the health benefits of family planning, weak linkages to the family planning service delivery system, inadequate technical and political leadership, and weak coordination.

Data collection and analysis

23. UNFPA support to the 1991 population and housing census assisted the Government in generating up-to-date demographic and socio-economic data for planning and in strengthening institutional capacity and expertise in large-scale data collection, processing and analysis. This assistance supported the training of four senior national officers in sampling, cartography and data processing; the creation of a cartography unit; and the strengthening of the data processing centre in the Government's Central Statistical Office. Consequently, the assistance furthered publication of preliminary census results, processing of census data and production of tabulations on district populations. In-depth analysis of the data is now being undertaken, and reports are expected to be published by 1994. Constraints included the poor state of infrastructure, which created difficulties in local logistical arrangements, slow release of Government counterpart contributions and insufficient national expertise. The United Nations Department of Economic and Social Development (DESD) assisted in project execution.

Population policy formulation

24. UNFPA provided support to assist the Government in developing national expertise and institutional machinery for integrating population factors into development planning at national and district levels, in creating a cohesive framework for planning and coordinating district-level population activities, and in developing an explicit national population policy. Major accomplishments were the establishment of a Population Secretariat (comprising 5 divisions, with a core staff of 7 professionals), establishment of District Population Offices and Population and Development Committees in 11 districts, preparation of a working document on a national population policy, enhanced awareness of the interrelationship of population and development, and improved coordination of district-level population and family planning programmes. Assistance also permitted the training of 8 nationals at the M.A. and diploma levels in the field of population and development. Major constraints were acute shortages of office accommodations, lack of technical support to district offices, poor civil service conditions and the Government's inability to provide its counterpart contribution. The ILO was the executing agency.

Population dynamics

25. UNFPA supported the strengthening of a population research and training programme and related activities to assist the Government in further building its national capacity and improving national expertise in the teaching of demography and population studies at Makerere University. Major accomplishments were the training of two national professionals (Ph.D.) in demography, and one national professional (Ph.D.) in data processing. The former two professionals have already assumed teaching duties at Makerere University; the latter is expected to complete his studies soon. Since the launching of the M.A. programme in 1987-1988, UNFPA assistance has supported the enrolment of a total of 47 students, including 20 females. To date, 4 of 10 graduates at the M.A. level have been recruited by the university as part of its staff development

programme. Other accomplishments included research in population-related activities and the sensitization of several governmental and non-governmental organization (NGO) officials in population and development. Constraints included the difficulty in retaining staff, because of the poor remuneration of professionals; a shortage of library and office space; and the university's limited capacity to provide its counterpart funding for the programme. The assistance was executed by DESD.

Women, population and development

26. UNFPA provided assistance to the women, population and development sector to enhance the capability of the Ministry of Women, Youth and Culture for designing and implementing policies and programmes to help improve women's health conditions and socio-economic status. Because of institutional and administrative constraints, as well as delay in execution of the baseline survey, only the situation-analysis phase of the planned activities was completed. This achievement has resulted in the availability of current data on the demographic and socio-economic status of women in eight districts as well as the initiation of a national data bank on women, population and development. However, two other phases of the assistance -- implementation of pilot action plans and submission of policy recommendations -- remain to be addressed. In support of the above, UNFPA also provided assistance to the Ministry of Agriculture, primarily to enhance the socio-economic status of women through the sale of dairy products and promotion of child-spacing practices. Although this assistance started only in 1991, the necessary preparatory activities, including selection of women participants and strengthening of the institutional framework, have been completed. It is anticipated that core activities could begin in early 1993. Constraints encountered in this sector included insufficient national expertise and office accommodations, and frequent changes among key policy makers in the Ministry of Women, Youth and Culture, which affected its leadership and long-term planning capacity. FAO was the executing agency for this sector.

Other external assistance

27. Uganda has received assistance for population-related programmes from multilateral and bilateral organizations and NGOs. In the health sector, UNICEF has provided assistance for improving the primary health care system, in general, and for carrying out the expanded programme of immunization (EPI), in particular; strengthening the health education unit of the Ministry of Health; developing school health programmes; and preventing AIDS among youth. Other relevant assistance includes the Danish Red Cross programme to supply essential drugs and USAID's Family Health Initiative project, which aims at improving MCH/FP service delivery through provision of contraceptives, promotion of IEC, and support for the operation of 22 family planning clinics. The Family Planning Association of Uganda (FPAU) operates 19 clinics in 15 urban centres with a team of nurses trained in family planning and with field educators/motivators. Missionaries also provide limited MCH/FP services in selected areas of the country. Assistance from the World Bank, the United Kingdom and Italy has covered the rehabilitation of selected health units, health management and the provision of medical services. A Family Health, Population and AIDS project to be supported by the World Bank is being formulated. UNDP and USAID provided complementary financial assistance for data processing of the 1991 census.

28. The above inputs complemented UNFPA assistance in various areas. For example, USAID support for contraceptives and family planning service delivery enabled UNFPA to address other necessary components such as technical advisory services, training, equipment, and contraceptives not provided by USAID. Since FPAU assistance was directed mainly at urban centres, this enabled UNFPA inputs to be directed at some rural areas, thus ensuring wider outreach of family planning services. Similarly, assistance to the census from Norway, UNDP and USAID allowed UNFPA to support other essential census components. UNFPA aims

at further strengthening this collaborative network in its future assistance programme and has accordingly initiated discussions with interested organizations on this issue. Thus, the next programme envisages increased collaboration with UNICEF to permit the integration of family planning into MCH services through the EPI network. USAID's and ODA's proposed support to family planning service delivery in the private sector and in selected districts, respectively, will permit UNFPA assistance to focus on the public sector and in other districts, thus ensuring wider coverage of the population overall. Finally, proposed expansion of the UNFPA-supported programme will benefit from the World Bank-supported programme for rehabilitation of the health infrastructure.

IV. PROPOSED PROGRAMME 1993-1996

29. The proposed programme is based on the Government's objectives in MCH/FP and other sectors, provisions of the Government's National Rehabilitation Development Plan, a working paper on a national population policy, the experience of the second UNFPA country programme, UNFPA's 1991 mid-term review, and the recommendations of the PRSD exercise. As observed by the 1992 PRSD mission, Uganda's implementation of programmes to achieve its population and development objectives has improved significantly. However, owing to the adverse effects of civil strife, the Government's overall capabilities are constrained by acute shortages of skilled manpower and by weak infrastructure.

30. The long-term objectives of the proposed programme are outlined in paragraph 3 above. In pursuit of those objectives, the proposed programme would seek: (a) to improve the availability, accessibility and quality of MCH/FP services in selected major health centres in participating districts; (b) strengthen IEC counselling and family planning services and create closer linkages among IEC, family planning and EPI services; and (c) strengthen advocacy in terms of women and youth concerns and developing action plans to improve the health status of women and adolescents. The programme would also help the Government to develop and adopt a poulation policy. Other objectives would be to sensitize national and community leaders on the interrelationship of population, environment and development and to strengthen the capacity for planning and monitoring population programmes. Among these various objectives, priority would be given to expanding and strengthening family planning services and improving audience-specific IEC activities that are closely linked with efforts to increase the availability and accessibility of family planning services.

31. The programme would support national-level activities in the areas of population policy formulation, contraceptive supply, IEC through the news media, training and research. However, due to budgetary constraints, the programme will be focused in 26 districts, the 13 served in the second country programme and 13 new ones. These 26 districts are estimated to cover 75 per cent of the total population.

Maternal and child health and family planning

32. Assistance to the MCH/FP sector would seek to substantially increase the contraceptive prevalence rate in the 26 districts by improving the quality, availability and accessibility of family planning services. In pursuit of the above goals, the MCH/FP Unit of the Ministry of Health would be assisted in strengthening its information system to monitor the availability and use of family planning services in the respective catchment areas. A baseline survey on the contraceptive prevalence rate would be undertaken to ascertain the factors responsible for the wide disparity between knowledge and practice of family planning and to permit the tailoring of services and IEC accordingly.

33. The overall strategy would involve expanding the current network of 76 UNFPA-supported and government family planning centres in 13 districts to a total of at least 156 service points in 26 districts. This

would ensure that at least partial access to family planning services would be available in 26 of the country's 38 districts. The fuller integration of family planning as well as improvements in supervisory and logistics systems in the service delivery points already providing family planning service delivery would take place while services are extended, under a phased plan, to the additional centres. The additional service points would be selected on the basis of catchment-area populations.

34. To enhance appreciation of the health rationale for family planning, the implementation plan would include targets expressed in terms of the reduction of high-risk births. Since adolescent reproductive behaviour and AIDS have become health and social problems, support would be provided for research and awareness creation, which would serve as the basis for information and services aimed at high-risk groups.

35. In pursuit of the above, the proposed programme would strengthen health management at district, county and sub-county levels. Furthermore, the programme would aim at introducing family planning-related IEC messages into relevant services, especially the EPI programme supported by UNICEF and the Child Survival Plan of Action jointly supported by the Government and UNICEF.

36. To ensure the regular supply of contraceptives, UNFPA would provide part of the requirements and would assist the Government in mobilizing support from assistance agencies and organizations to develop immediate and long-term plans for financing the remaining requirements.

37. The programme would also assist the Mulago General Hospital and the Institute of Public Health in conducting operations research, providing referral services and training participating doctors, nurses and midwives in family planning techniques and in public health. UNFPA would provide a total amount of $6.6 million for the MCH/FP sector, of which $2.6 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

38. In the IEC sector, assistance would be provided to promote responsible parenthood and positive attitudes towards smaller family size. UNFPA would provide assistance for the development of national and district IEC strategies. Elements of these strategies would include: definition of key audiences (women of fertile age, males and youth); research to determine the most appropriate messages for such audiences; the tailoring of messages and presentations to fit district-level conditions; emphasis on the health and personal welfare rationales for family planning; identification of the most appropriate media for conveying the messages to different audiences at the district level; and coordination of IEC efforts with availability of services. Although mass media, particularly the radio, would be used in IEC efforts, it is expected that the programme would rely even more on interpersonal communication, especially by such agents as agricultural extension workers, labour officials and agents of the local Resistance Councils.

39. Expertise developed earlier in the Ministries of Labour, Education, Agriculture, and Information and Broadcasting would be brought to bear on the creation of these programmes. Emphasis would be given to the inclusion of AIDS prevention themes in all messages, the training of those delivering family planning services and other categories of health workers in family planning and AIDS counselling, and the development of messages aimed at increasing male responsibility for, and participation in, family planning. Given the serious threat of AIDS, all health workers would be encouraged to counsel assessment of AIDS risk and contraceptive selection on the basis of risk. Efforts would also be made to ensure that all family planning and AIDS workers present consistent messages on various contraceptive methods, including condoms.

Furthermore, influential leaders would be mobilized to enhance public awareness of population, development and environmental interrelationships.

40. Finally, it is anticipated that population education would be integrated into the curricula of 80 elementary schools and 40 secondary schools located in the 26 districts, as well as into 9 teachers training colleges. It is further expected that the expertise acquired in the second country programme would be used to facilitate a nationwide population education programme. UNFPA would provide a total amount of $3.6 million to the IEC sector, of which $1.8 million would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

41. The objective of the proposed assistance for data collection and analysis is to avail the Government, by the end of 1994, of reliable demographic data for use in development planning, and to put in place by 1996 a management information system for planning, implementing and monitoring population programmes. To that end, UNFPA would sponsor national capacity-building in the collection, analysis and dissemination of demographic data and in the establishment of a population database at both national and district levels.

42. Support would be directed especially to disaggregating and publishing census data for use in the planning process. Studies on fertility and mortality issues not covered by the 1991 population and housing census would also be encouraged.

43. Support would be given for the preparation of a population database for each district to facilitate micro-level planning of development programmes. In this task, the programme would aim at strengthening the Central Statistics Office's efforts to institutionalize systems for continually monitoring programme impact and providing rapid feedback for policy and programme review. UNFPA would provide a total amount of $600,000 to this sector, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

44. The proposed UNFPA assistance for population policy formulation is aimed primarily at the creation, by 1996, of a national population policy and a policy implementation plan; integration of population considerations into national and district development plans; and improved national capacity and expertise for designing, implementing and managing population programmes. The planned strategy would be to promote awareness of the benefits of a population policy and programme, particularly of the direct benefits to family welfare and personal health; to establish population data as the basis for development planning; and to provide the necessary institutional framework for integrating population factors into the planning process. Thus, the programme would support sensitization workshops at national and subnational levels to explain the rationale for a population policy and to consider the public's views on policy content.

45. Support would also assist planners in preparing a strategy with measurable targets to guide the policy's implementation. In this regard, support would be provided for enhancing the capabilities of the national Population Secretariat and planning units of sectoral ministries for integrating policy provisions into national and sectoral development plans. The support would also strengthen the capacity of the Population Secretariat in coordinating and monitoring implementation of the policy, identifying national priority needs and in advising the proposed inter-ministerial national population council on the country's population situation.

46. At the district level, the proposed programme would continue to assist the participating district development authorities in using the census database to formulate an intersectoral district population programme and in harnessing available resources to meet overall district and national goals. UNFPA would provide a total amount of $1.3 million to this sector, of which $600,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

47. The proposed assistance in the area of population dynamics would seek to enhance the capacity of the Institute of Statistics and Applied Economics of Makerere University in demographic training and related research in the field of population. To help develop long-term sustainability, UNFPA would support training in population studies locally for two professionals, at the Ph.D. level. It would also support continuation of the M.A. programme. To enhance expertise in the integration of population factors into planning at sectoral levels, short courses on population and development planning would be mounted on an ad hoc basis for sector planning officers and other officials, as necessary. UNFPA would provide a total amount of $500,000 for this sector.

Women, population and development

48. The proposed assistance for women, population and development would seek to complement inputs from other external assistance agencies and organizations aimed at improving the socio-economic and health status of women. It would stimulate policy formulation through the provision of data on women's health and socio-economic status. Such information would be valuable for planning, implementing and monitoring population and other sectoral activities, as well as for sensitizing key leaders and policy makers on the needs of Ugandan women.

49. Assistance would also be provided for the review of available data on existing sociocultural and legal constraints to women's advancement. Further assistance would be provided to strengthen the institutional capacity of the Ministry of Women, Youth and Culture for a greater advocacy role, for policy formulation, for implementation and coordination, for publication and dissemination of results of research on gender policy and programme issues, and for the mobilization of existing networks to help women and girls improve their reproductive health. UNFPA would provide a total amount of $1 million to this sector, of which $600,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

50. An amount of $400,000 has been set aside as a reserve to cover unforeseen needs that may be developed within the context of the proposed programme.

Programme coordination

51. In its capacity as secretariat of the proposed national population council and as coordinator of the national population policy and programme, the Population Secretariat of the Ministry of Finance and Economic Planning would review and update population policy goals; design a national implementation plan; mobilize resources and ensure their flow to priority activities; and coordinate implementation of sectoral ministries, institutions and NGOs to ensure complementarity and assess programme impact. The proposed programme aims at strengthening the secretariat's capacity for meeting these responsibilities.

52. UNFPA would continue its coordination of inputs in the population area from external assistance agencies and organizations through regular inter-agency consultations. The Joint Consultative Group on Policy (JCGP) would provide a forum for coordinating the related activities of the member agencies of the United Nations system.

Programme monitoring, evaluation and management

53. Programme implementation would be monitored, in addition to the above-noted mechanisms, through provisions of the UNFPA Project Management Plan. Each project would be supported by gathering baseline data and incorporating built-in evaluation mechanisms. UNFPA would undertake a mid-term review of the programme at the end of 1994 and a full evaluation in 1996. UNFPA would make full use of available and appropriate national technical assistance, complemented by the UNFPA Country Support Team located in Addis Ababa, Ethiopia.

Financial summary

54. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $14 million over the four-year period 1993-1996, of which $8 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $6 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	4,000,000	2,600,000	6,600,000
Information, education and communication	1,800,000	1,800,000	3,600,000
Data collection and analysis	200,000	400,000	600,000
Population policy formulation	700,000	600,000	1,300,000
Population dynamics	500,000		500,000
Women, population and development	400,000	600,000	1,000,000
Programme reserve	400,000		400,000
TOTAL	8,000,000	6,000,000	14,000,000

V. RECOMMENDATION

55. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Uganda in the amount of $14 million for the four-year period 1993-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $8 million from UNFPA's regular resources, over the period 1993-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $6 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Uganda and with the executing agencies.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Equatorial Guinea
Support for a comprehensive population programme

Proposed UNFPA assistance:	$3.35 million, of which $2.65 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1993
Executing agencies:	Government of Equatorial Guinea United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning and International Cooperation

Equatorial Guinea

Demographic facts

Population (000)	
Total	352
Males	173
Females	179
Sex ratio (/100 females)	96.6
Urban	101
Rural	251
Per cent urban	28.7
Population in year 2000 (000)	452
Functional age groups (%)	
Young child: 0-4	17.3
Child: 5-14	25.0
Youth: 15-24	18.3
Elderly: 60+	6.4
65+	4.1
Percentage of women aged 15-49	23.0
Median age (years)	18.9
Dependency ratios: total	86.6
(/100) Aged 0-14	79.0
Aged 65+	7.6
Agricultural population density (/hectare of arable land)	1.5
Population density (/sq. km.)	13

Average annual change (000)	
Population increase	10
Births	16
Deaths	7
Net migration	1
Annual population total (% growth)	2.55
Urban	3.71
Rural	2.06
Crude birth rate (/1000)	43.5
Crude death rate (/1000)	18.0
Net migration rate (/1000)	..
Total fertility rate (/woman)	5.89
Contraceptive prevalence rate (% 15-44)	..
Gross reproductin rate (/woman)	2.90
Net reproduction rate (/woman)	2.07
Infant mortality rate (/1000)	117
Maternal mortality rate (/100,000)	430
Life expectancy at birth (years)	
Males	46.4
Females	49.6
Both sexes	48.0
GNP per capita U.S. dollars, 1990)	n.a.

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $3.35 million, of which $2.65 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1993, to assist the Government of Equatorial Guinea in achieving its population and development objectives. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is based on: (a) the findings and recommendations of the multisectoral Programme Review and Strategy Development (PRSD) mission, which visited Equatorial Guinea from 1 to 26 August 1992; (b) discussions with representatives of ministries, United Nations agencies and organizations, multilateral and bilateral assistance organizations, and non-governmental organizations (NGOs); and (c) the lessons learned from the execution of the previous programme cycle in 1990-1992. It would also be guided by the Kilimanjaro Programme of Action for African Population and Self-Reliant Development (1984), the Amsterdam Declaration (1989) and the UNFPA Strategy of Assistance to Sub-Saharan Africa (DP/1987/37).

3. The long-term goals of the proposed programme are to assist the Government in: (a) integrating and improving family planning services in maternal and child health (MCH) centres to reduce maternal and infant morbidity and mortality; (b) increasing awareness about population issues by developing and implementing a comprehensive and well-coordinated multimedia national population information, education and communication (IEC) programme; (c) strengthening the national capacity to carry out population research and to collect, process and disseminate population data and information; and (d) enhancing the status of women and promoting their participation in national development activities.

4. The immediate objectives of the proposed programme are: (a) to integrate, on a pilot basis, Safe Motherhood, including child-spacing, in MCH centres in Bata and Malabo, and to increase the contraceptive prevalence rate (CPR) to 5 per cent in these zones; (b) to encourage the Government to redraft and implement a more liberal law on family planning in accordance with World Health Organization (WHO) recommendations on Safe Motherhood and the risk approach; (c) to develop and implement a multimedia, multisectoral national IEC programme on population and related issues, especially responsible parenthood, maternal mortality, infant mortality, abortion, and adolescent fertility, among specific target groups -- namely, policy makers, government officials, opinion leaders, village councils, men and youth; (d) to improve knowledge of population issues by collecting, analysing and disseminating relevant data and by carrying out specific operational research studies; (e) to strengthen the country's institutional capacity for designing, implementing, monitoring and evaluating population activities through training; and (f) to improve the well-being of women in their reproductive and productive roles and to increase their participation in the development process.

5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

6. According to United Nations projections, Equatorial Guinea had a 1990 population estimated at 352,000, with an annual growth rate of 2.6 per cent. At this rate, the population will double in approximately 27 years. The urban population constituted 29 per cent of the total population and was concentrated in Malabo, the capital city on Bioko Island, and in Bata, the centre for the continental region of Rio Muni. The crude birth rate was estimated at 43.5 per 1,000, and the crude death rate was estimated at 18.0 per 1,000 (1990-1995). The age group 0-14 years made up 42 per cent of the population in 1990. The infant mortality rate was estimated at 117 per 1,000 live births.

7. The total fertility rate was estimated at 5.9. The age at first marriage for women is 18.2 years. According to a 1991 survey, only 8.7 per cent of women of child-bearing age knew about one family planning method and only 6.6 per cent had ever used a family planning method. Overall, an estimated 4.3 per cent of women of reproductive age, and 7.9 per cent of urban women, use a contraceptive method (traditional or modern). Traditional methods -- abstinence, temporary separation and breast-feeding -- account for 67 per cent of all contraceptive usage.

8. In the decade following Independence in 1968, Equatorial Guinea suffered from the destruction of infrastructure, including schools and health centres, and a halt in development. Recently, however, the economy has improved, and the country is experiencing a moderate growth in gross national product (GNP) of 2.6 per cent a year. Because of income to be generated from oil, the GNP is expected to grow at approximately 6 per cent a year beginning in 1993.

9. The educational sector is facing many problems, including the lack of teachers, infrastructure, materials and financial resources. Only 56 per cent of boys and 51 per cent of girls are enrolled in primary school, and the number of drop-outs is high. Although the enrolment rate is almost equal for boys and girls, the drop-out rate from secondary school is higher among girls, particularly because of early pregnancies.

10. Attitudinal and economic constraints, high staff turnover, lack of family planning services, poor health infrastructure and the population's reliance on traditional healers rather than on the few MCH services have contributed to a precarious health situation for mothers and children. Maternal mortality is estimated at 400 deaths per 100,000 live births. Women suffer from complications arising from abortions, too many and too frequent pregnancies, bleeding and anaemia. The few medical and paramedical personnel have little knowledge of risk factors in pregnant women and newborn children. Of the country's 5 regional, 2 provincial, and 11 district hospitals, only 2 or 3 are equipped to undertake surgical operations; the remainder of the hospitals and other health facilities -- 10 health centres and 282 community health posts -- have poor physical facilities and lack equipment and trained personnel. Malaria, diarrhoea, respiratory diseases and parasites are among the principal health problems. There are few cases of acquired immune deficiency syndrome (AIDS). However, the Government has developed an AIDS prevention programme which is being carried out with assistance from WHO, UNICEF, UNDP, the European Community and Spanish Cooperation.

11. Although awareness has increased at the governmental level concerning the relationship between population and development, and between family planning and health, the Government does not promote family planning. The President's declaration at the International Conference on Population in Mexico City in 1984 advocating higher fertility and more immigration remains the official policy today. Contraceptive use is not encouraged, and official MCH centres do not provide contraceptives. Since 1986, UNFPA has encouraged the Government to take an official stand in favour of family planning. The Ministry of Health

has drafted a proposed law on pregnancy-spacing which would allow women under 18 years or over 40 years to use modern contraceptives. Women aged 18-40 would be allowed to use natural methods. To use modern contraceptives, including injectables and surgical methods, a woman would have to have authorization from her husband, partner or village council, as well as a medical prescription from a physician. UNFPA has begun discussions with the Ministry about possible modifications in the proposed law.

12. The importance of ensuring women's integration into the development process was officially recognized in 1980, with the establishment of the Office of the Secretary of State of Women's Welfare, which was transformed in 1992 into a full-fledged Ministry. However, due to the lack of human and financial resources, only a few training seminars and practical courses for artisans have been organized. Much still needs to be done to improve women's conditions and status.

13. In recent years, national authorities have become increasingly aware of the need to preserve the environment, wildlife and fishery resources. In 1991, environmental education was introduced into primary school manuals, and messages on environmental protection were broadcast over national media. The Government created a National Environment Commission. It also presented a National Policy on the Environment at the 1992 United Nations Conference on Environment and Development (UNCED) in Rio de Janeiro.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

14. UNFPA's assistance to Equatorial Guinea began in 1980. It focused on two areas -- primary health care and strengthening of the Statistical Office and Office of Planning in what is now the Ministry of Planning and International Cooperation. From 1980 to 1989, UNFPA assistance totalled $2.7 million. Following a basic needs assessment mission in 1989, the first comprehensive country programme was approved in 1990, in the amount of $2.3 million for 1990-1992. In view of the needs identified by the mission, the programme sought: (a) to improve MCH services and to promote the integration of child-spacing services into MCH activities; (b) to create awareness on responsible parenthood and the relationship between population and development; (c) to establish a Population Planning Unit (PPU) to analyse and disseminate census data; (d) to support the preparation of the second census; and (e) to improve the status and role of women. Only $1.7 million from UNFPA regular resources were expended on the programme. Multi-bilateral resources to facilitate programme implementation could not be mobilized; thus, some of the objectives -- especially awareness creation and promotion of women's status -- could not be achieved.

15. In a country that is strongly pro-natalist, population programmes have not enjoyed open support from national leaders. Population activities are sponsored largely by external assistance agencies and lack full legitimacy among religious and opinion leaders. However, as a result of UNFPA's constant dialogue with the Government and discussions with government officials during the PRSD mission, interest in population issues has increased.

Maternal and child health and family planning

16. To reduce maternal and infant mortality, UNFPA has been supporting an MCH programme since 1985. In 1988, the programme's second phase was redesigned to include family planning activities in the national network of district health services, using all categories of staff in the health system. The programme helped to train 119 health personnel in MCH; equip 24 MCH centres; construct and equip an MCH creche at Bata; renovate and equip the surgical unit at Malabo Hospital; train health staff in country and abroad;

organize study tours for the programme director and coordinators abroad; and hold a national seminar on the development of training curricula for health staff.

17. A mission that conducted an independent evaluation of the MCH/FP programme in July 1992 found that the objectives of the second phase were too ambitious and diverse, and that supervision and technical support from the executing agency were weak. Because of the involvement of other external assistance agencies in the sector, especially in MCH, the mission recommended a more focused intervention in the MCH/FP sector, with UNFPA concentrating mainly on training in family planning, operational research, the integration of family planning activities in selected urban MCH centres, and implementation of the proposed MCH/FP policy as soon as it is adopted.

Information, education and communication

18. IEC activities took place in connection with efforts to improve the civil registration system, plan the census, and carry out MCH activities. Using radio and television as well as seminars and training sessions for project personnel, the civil registration project promoted awareness of the importance of registering deaths and births. UNFPA also financed seminars organized by the Ministry of Women's Affairs and some NGOs. The Population Planning Unit carried out some sensitization activities in connection with the 1983 census.

19. No systematic approach to population IEC has been adopted. A major objective in the first programme was to establish a coherent IEC programme to raise awareness and sensitize policy makers and the public on population-development relationships. Because of resource constraints, the major activities could not be initiated.

Data collection and analysis

20. Since 1980, UNFPA has been the main source of assistance for data collection and analysis. UNFPA assistance was instrumental in the collection of information being used by the Ministry of Planning and International Cooperation and by bilateral and multilateral assistance agencies. A data processing centre was also set up. Preparations for the second population and housing census, scheduled for July 1993, began with UNFPA's contribution of $270,000 for technical advisory services, cartographic activities, training of field staff, vehicle purchase, pilot survey and analysis, and operation and maintenance costs. With UNFPA assistance, improvements in the civil registration system were initiated in 1990 in the two pilot zones of Malabo and Bata; new legislation was promulgated; personnel training was under way; and an intensive mass-media campaign of sensitization was being pursued by the Ministry of Justice and Religious Affairs. The main constraint in the execution of planned activities in the area of data collection and analysis has been the lack of trained personnel.

Population policy formulation

21. The first country programme reflected recognition of the need to develop a national resource base and to strengthen the institutional infrastructure for planning, designing and implementing population programmes as well as integrating demographic variables into development. It was realized that these steps would accelerate the process leading to the formulation of a population policy. To this end, the PPU was set up in the Ministry of Planning and International Cooperation.

22. The PPU carried out and published several in-depth analyses and also helped analyse some knowledge, attitude and practice (KAP) surveys undertaken under other UNFPA-funded activities. Seminars on the dissemination of census data also took place. One of the main objectives -- to set up an inter-ministerial committee to discuss the creation of a national population committee -- was not achieved due to the Government's lack of commitment and the lack of technical staff to carry out the task.

Women, population and development

23. The first country programme proposed to emphasize women, population and development activities by assisting with the reorganization of the Office of the Secretary of State of Women's Welfare; strengthening its capacity through training, seminars and study tours; and undertaking IEC activities directed at women. During the programme period, two seminars were conducted on women, population and law, in 1990 and 1992, and one study tour for the new Minister for Women's Affairs was carried out in June 1992. Other activities could not be undertaken because of resource constraints and the lack of trained personnel at the Ministry.

Other external assistance

24. External assistance to population activities focused mainly on the health sector, which received $9.3 million in assistance from external agencies other than UNFPA in 1990. The Spanish Cooperation Agency, the largest contributor in this field, provided approximately 66 per cent of that amount. UNICEF, WHO and UNDP are also active in the health sector as are some NGOs. UNDP is active in education and in women, population and development activities. The Spanish Cooperation Agency is also active in education and in support for the 1993 census. The French Cooperation Agency has expressed its willingness to support the 1993 census.

IV. PROPOSED PROGRAMME 1993-1997

25. The proposed second country programme is based on: (a) the observations and recommendations of the PRSD mission that visited Equatorial Guinea from 1 to 26 August 1992; (b) the experiences accumulated during implementation of the first programme; and (c) discussions with government officials and representatives of United Nations agencies and entities, multilateral and bilateral assistance agencies, and NGOs. It has been designed with particular attention to the sociocultural context of the country.

26. The long-term and immediate objectives of the proposed programme are detailed in paragraph 3 above. The programme strategy to achieve these objectives would be as follows: (a) to assist the Government in selecting MCH centres in Malabo and Bata for the integration of Safe Motherhood services, including child-spacing services, on a pilot basis into MCH services with a view to extending them to the rest of the country after an evaluation; (b) to provide the Government with technical assistance for redrafting and implementing a new law on family planning in line with the World Population Plan of Action (para. 14 (f)) and WHO's recommendations on Safe Motherhood and the risk approach; (c) to assist the Government in developing a five-year plan guiding all training activities proposed under this programme for training nationals in the region and abroad on population, development and reproductive health; (d) to assist the Government in developing a comprehensive, well-focused multisectoral population IEC strategy targeted at specific groups and based on sociocultural and anthropological research and data collected through the census; (e) to strengthen the system of data collection and analysis and research to increase the availability and use of data for planning, for IEC activities and for programme monitoring; (f) to assist the Government in organizing an inter-ministerial committee to establish the goals and framework for a national population programme and to formulate a

national population policy in the context of the third country programme; (g) to enhance the coordination of population activities among assistance agencies and among government ministries and departments; and (h) to assist in the establishment of a committee to formulate and promote a national policy for the advancement of women, using studies to be undertaken on the existing conditions of women in Equatorial Guinea.

Maternal and child health and family planning

27. Because of high maternal and infant mortality rates, the absence of official acceptance of family planning, low rates of modern contraceptive prevalence and the potential demand for child-spacing services as evidenced by many induced abortions, high adolescent fertility and a high rate of school drop-outs resulting from early pregnancies, the proposed programme would use the Safe Motherhood approach, including child-spacing, to bring such services, on a limited basis, to the urban population. Doing so would demonstrate to policy makers and the public the importance of Safe Motherhood, including child-spacing, for the health of the mother and child and the well-being of the whole family.

28. Objectives in MCH/FP would be to meet the Government's 1990 targets in the policy document "Health for all by the year 2000", namely: (a) to contribute to the reduction of maternal mortality from 400 per 100,000 live births to 350 per 100,000 by 1994, and to contribute to the reduction of infant mortality to 90 per 1,000 live births by 1994; (b) to increase the modern contraceptive prevalence rate from 2.9 per cent to 5 per cent in Malabo and Bata, the target to be revised as soon as more accurate data are available from the research activities proposed under this programme; (c) to encourage the incorporation of the Safe Motherhood Initiative into the proposed MCH policy; and (d) to redraft the proposed law on family planning. UNFPA would set as a first priority in this sector assistance to the Government to revise the proposed law on family planning.

29. To achieve the above objectives, taking into account the commitment and support provided to MCH by other external assistance agencies and organizations -- WHO, UNICEF, Spanish Cooperation and UNDP -- UNFPA assistance would aim at integrating Safe Motherhood, including birth-spacing, on a pilot basis in six selected MCH centres in the urban areas of Bata and Malabo. UNFPA would provide assistance for the training of health personnel (doctors, midwives and nurses) working in these centres to identify and manage high-risk pregnancies and to give child-spacing information and services, and for the provision of equipment, contraceptives, materials, and vehicles that would facilitate the evacuation of emergency cases to the two hospitals in Bata and Malabo.

30. The pilot programme would be systematically monitored, facilitating the extension to other parts of the country. UNFPA would assist the Government in completing the draft proposal on MCH policy while endeavouring to have the Safe Motherhood/child-spacing initiative incorporated into it. It would help to implement the proposal through the production and dissemination of guidelines and technical norms on MCH and Safe Motherhood/child-spacing as well as of manuals and norms on clinical procedures and guidelines for supervising relevant personnel.

31. UNFPA would help set up a youth counselling centre in Malabo to counsel adolescents about responsible parenthood, sexually transmitted diseases (STDs), birth-spacing, etc. A national NGO would carry out the programme. In the programme's third year, a small family planning clinic would be set up and furnished with all necessary equipment, contraceptives, documentation and IEC materials.

32. Study tours would be organized for nationals working in the MCH/FP pilot centres in Malabo and Bata to visit MCH/FP activities in Cameroon and Mali.

33. UNFPA would fund multipurpose, operational research studies with modules on such issues as Safe Motherhood (including, for example, causes of morbidity and mortality during pregnancy); abortion; adolescent fertility; and contraceptive prevalence, including knowledge, usage and preferred methods of contraception. This research would be closely supervised by the PPU, and the results used to improve the integration of family planning into MCH services and to raise awareness about interrelationships between child-spacing and mothers' health and family well-being.

34. UNFPA would collaborate closely with all external assistance agencies supporting MCH activities. Through the above activities, UNFPA would encourage the setting up of a coordination mechanism among these agencies, UNFPA and all national departments working in MCH and Safe Motherhood/child-spacing. UNFPA would provide a total amount of $1.1 million for the MCH/FP sector.

Information, education and communication

35. The main goal of UNFPA assistance in the IEC sector would be to increase the population's awareness and understanding of the effects of child-spacing on the health of the mother and child, the well-being of the family and the interrelationships between population and development. The programme would aim at: (a) enhancing the knowledge of parents, policy makers, opinion leaders, religious leaders, village councils, youth and medical practitioners about the potential consequences of population factors for sustainable development and health and, thereby, mobilizing support for population activities; (b) promoting responsible attitudes towards sexuality and fertility among youth; (c) fostering responsible parenthood by providing parents with the knowledge, skills and confidence to communicate with their children about population, health, sexuality and decision-making within the family; and (d) developing and introducing family life education into the formal education system through the Ministry of Education.

36. These objectives would be accomplished through, inter alia, assistance to the Government for formulating an overall strategy for IEC activities, which would provide the framework for organizing and implementing all IEC activities in the country. Because of the importance given to this sector in the proposed programme, and to ensure maximum impact, all available channels of communication would be used. UNFPA would assist to establish an IEC Unit in the Ministry of Radio, Television and Mass Media. This unit would have a coordinating body comprising all technical ministries involved in population-related IEC activities. The unit would receive funds for training staff in audio-visual production, organizing study tours, conducting workshops for trainers and purchasing equipment. Technical assistance would be given for training trainers locally, and selected journalists would be trained abroad on IEC delivery techniques in population. UNFPA would strengthen the capacities of NGOs active in IEC by providing support for training their staff, in country and abroad, in communication techniques and in population issues. UNFPA would also assist five television clubs in producing IEC materials on population issues and on women's reproductive rights and their socio-economic status and its impact on their health. UNFPA support would also assist the clubs in the training of personnel and the provision of equipment.

37. In the framework of MCH/Safe Motherhood activities in urban zones and the proposed youth counselling centre, specific IEC themes would be developed on abortion, adolescent pregnancy, STDs and the environment. The IEC Unit, in close collaboration with other activities funded by UNFPA and other external assistance agencies, would organize seminars, workshops and study tours for parliamentarians, policy makers,

religious leaders, and others on the rationale for Safe Motherhood/child-spacing and health, and on the need for a population policy. These efforts would provide the framework for implementing population and development activities. At the unit level, a multisectoral information and documentation centre would be created.

38. In close collaboration with the IEC Unit, the Ministry of Agriculture and Forestry would train its extension workers to deliver IEC messages on population issues. Village council leaders and health providers would also be sensitized on population issues and Safe Motherhood/child-spacing.

39. In the formal sector, the Government has expressed interest in introducing population education into primary and secondary schools. UNFPA would assist this effort by funding a pilot project and by setting up a technical committee to gather the necessary information and propose education modules that would be integrated into the curricula of secondary schools as well as technical, professional and teachers' colleges. Funds would be used to organize meetings of curriculum developers, conduct research, produce manuals and audio-visual materials, test and evaluate proposals and train teachers. UNFPA would provide a total amount of $800,000 to the IEC sector, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis and population policy and research

40. UNFPA's strategy would be to assist the country in: (a) collecting data on population issues and improving access of policy makers, planners and researchers to these data; (b) strengthening the data collection capacity of national institutions; (c) setting up a technical interministerial committee responsible for defining elements of a national population programme to guide all population activities; and (d) creating, in the last year of the proposed programme, a national population commission to prepare the framework for a national population policy. UNFPA would assist the Bureau of Statistics with the organization and conduct of the second general population and housing census by supporting selected activities.

41. Although the PRSD mission recommended the formulation of a population policy as one of the objectives for the proposed programme, political conditions are not yet suitable for the formulation of such a policy. However, in discussing the proposed programme with the Ministry of Planning and International Cooperation, the coordinating ministry for population activities, UNFPA was requested to provide technical assistance for establishing a national coordinating body for population activities to oversee all the Government's population-related activities.

42. The PPU would be the secretariat for both the inter-ministerial committee and the national population commission. It would backstop both committees; analyse census data and research studies on such topics as Safe Motherhood, causes of morbidity and mortality during pregnancy, abortion, adolescent fertility and contraceptive prevalence; and disseminate data through seminars and workshops.

43. Human resources development is extremely important in this sector, given the high turnover of personnel. UNFPA would strengthen capacities by funding training and refresher courses abroad and locally for nationals in the fields of demography, population and development, and data processing and analysis. Technical cooperation among developing countries (TCDC) mechanisms would be used as often as possible to improve the skills of nationals. UNFPA would provide a total amount of $1.1 million for activities in this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

44. UNFPA's assistance in the women, population and development sector would be aimed at: (a) ensuring the availability of gender-specific data and research findings for IEC activities and monitoring the advancement of the status of women; (b) enhancing women's participation in population and development activities; and (c) strengthening the institutional capacity of the Ministry of Women and Social Affairs. UNFPA's inputs in this sector would be part of a larger programme under UNDP leadership.

45. In close collaboration with other external assistance agencies and organizations, such as UNICEF, UNDP and French Cooperation, UNFPA would fund and help organize a national committee to formulate and facilitate the execution and monitoring of a national policy for the advancement of women, taking into account the Safe Motherhood approach proposed in paragraph 30. To support this policy, UNFPA would include, under the operational research studies mentioned earlier, sociocultural studies on the conditions of women, including women's reproductive rights, decision-making in the family, and inheritance. The committee would also ensure that women are taken into account in all population and development activities and that data collected are gender-sensitive.

46. UNFPA would also assist the new Ministry of Women and Social Affairs in preparing a staff development plan, which will be integral to the five-year plan for training nationals on population, development and reproductive health (see para. 28). It would also assist the Ministry in building its institutional capacity through local and international training, study tours, and technical assistance to enable it to carry out its mandate. In addition, UNFPA support would help the Ministry set up a documentation centre on women's issues.

47. The proposed programme would also assist the Ministry of Women and Social Affairs, in close collaboration with the PPU, in conducting research on the high adolescent pregnancy rate and its relation to the high drop-out rate among schoolgirls. This activity would be closely coordinated with research envisaged under the Safe Motherhood programme, and the study findings would be used in formulating proposed legislation to safeguard the health of young girls attending school and also in counselling at the proposed youth counselling centre.

48. In addition, UNFPA would continue to emphasize the maximum participation of women in all phases of UNFPA-supported activities in the country, as well as in those activities funded by other external assistance agencies through a mechanism for coordinating assistance to the women, population and development sector. UNFPA would provide a total amount of $200,000 for activities in this sector.

Programme reserve

49. An amount of $150,000 has been set aside as a reserve to cover unforeseen activities falling within the context of the present programme.

Programme coordination

50. The PRSD mission recommended that the coordination mechanisms in the population sector be strengthened. The few donor agencies active in the health and population field in Equatorial Guinea also perceive this need. The Ministry of External Affairs and the Ministry of Planning and International Cooperation supervise and coordinate all external aid. They are thus responsible for the coordination of population activities. The Resident Coordinator of the United Nations system, who is also UNFPA's Representative, coordinates all external assistance activities in the population field and has set up a system of regular consultation among the different sectors in the United Nations system and with bilateral donor agencies.

51. The inter-ministerial committee on population would be the coordinating body for population matters and the link with assistance agencies. The IEC Technical Committee would ensure coordination of population IEC activities in close collaboration with the inter-ministerial committee and technical ministries. The Ministry of Health would coordinate all activities in MCH/FP. UNFPA would ensure that evaluation results and findings of population-related studies and reviews are exchanged among assistance and executing agencies.

Programme monitoring, evaluation and management

52. Because of the shortage of population professionals and the weak institutional capacity to implement and monitor population programmes, UNFPA would have to use international consultants and organizations as well as NGOs to execute its programme. This would be done in close collaboration with national counterparts who would have to be carefully selected by the Government. To strengthen the Government's capacity to monitor and evaluate population activities, the UNFPA field office would conduct workshops for national staff on project design, monitoring and evaluation. The UNFPA programme would be monitored and evaluated in accordance with standard UNFPA guidelines, including mid-term (1995) and a final review of the programme (1997).

53. The proposed programme would be closely monitored by the Country Director responsible for Equatorial Guinea, assisted by the National Programme Officer, under the general guidance of the UNFPA Representative. UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, including the UNFPA Country Support Team located in Dakar, Senegal.

Financial summary

54. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $3.35 million over the five-year period 1993-1997, of which $2.65 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,100,000	--	1,100,000
Information, education and communication	600,000	200,000	800,000
Data collection and analysis; population policy and research	600,000	500,000	1,100,000
Women, population and development	200,000	--	200,000
Programme reserve	150,000	--	150,000
TOTAL	2,650,000	700,000	3,350,000

V. RECOMMENDATION

55. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Equatorial Guinea in the amount of $3.35 million for the five-year period 1993-1997;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2.65 million from UNFPA's regular resources, over the period 1993-1997;

(c) Further authorize the Executive Director to seek to provide the balance of $700,000 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Equatorial Guinea and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Mali
Support for a comprehensive population programme

Proposed UNFPA assistance:	$5.2 million, of which $3.2 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1993
Executing agencies:	Government of Mali United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Finance, Economy, and Planning

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Mali

Demographic facts

Population (000)	
Total	9,214
Males	4,522
Females	4,692
Sex ratio (/100 females)	96.4
Urban	2,193
Rural	7,021
Per cent urban	23.8
Population in year 2000 (000)	12,561
Functional age groups (%)	
Young child: 0-4	19.6
Child: 5-14	27.3
Youth: 15-24	19.3
Elderly: 60+	4.2
65+	2.6
Percentage of women aged 15-49	44.3
Median age (years)	16.5
Dependency ratios: total	98.8
(/100) Aged 0-14	92.9
Aged 65+	5.1
Agricultural population density (/hectare of arable land)	3.6
Population density (/sq. km.)	7

Average annual change (000)	
Population increase	317
Births	508
Deaths	191
Net migration	0
Annual population total (% growth)	3.17
Urban	5.66
Rural	2.33
Crude birth rate (/1000)	50.7
Crude death rate (/1000)	19.1
Net migration rate (/1000)	..
Total fertility rate (/woman)	7.10
Contraceptive prevalence rate (% 15-44)	5
Gross reproduction rate (/woman)	3.50
Net reporduction rate (/woman)	2.39
Infant mortality rate (/1000)	159
Maternal mortality rate (/100,000)	1750
Life expectancy at birth	
Males	44.4
Females	47.6
Both sexes	46.0
GNP per capita (U.S. dollars, 1990)	270

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $5.2 million, of which $3.2 million would be programmed from UNFPA's regular resources, over a four-year period, starting January 1993, to assist the Government of Mali in achieving its population and development objectives. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme for the period 1993-1996 is based on: (a) the overall goals and objectives of the country's national population policy adopted in May 1991; (b) the findings and recommendations of a UNFPA Programme Review and Strategy Development (PRSD) mission that visited Mali in May and June 1992; (c) the lessons learned during the implementation of the two previous programmes; and (d) extensive consultations with national authorities and non-governmental organizations (NGOs) on programme priorities.

3. The immediate objectives of the proposed programme are: (a) to help reduce the population growth rate by promoting family planning; (b) to reduce maternal and infant mortality; (c) to assist the Government in elaborating and implementing a strategy to enhance the integration of women into the development process; and (d) to make accurate data on mortality and migration available for national development planning.

4. All projects under this proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14(d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples have the right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

5. Demographic trends. With a land area of approximately 1.25 million square kilometres (less than 40 per cent of which is arable), Mali is one of the five biggest countries of sub-Saharan Africa. According to projections based on the 1987 census, the present population is 8.5 million inhabitants, 80 per cent of whom live in rural areas. (See the demographic fact sheet on p. 2 for United Nations estimates.) Women make up 51 per cent of the total population; 38 per cent (1.65 million) of Malian women are of reproductive age. With an annual natural growth rate of over 3 per cent, the population is projected to reach 23 million by the year 2020.

6. The country's constantly changing climatic conditions and the continuous process of desertification (currently 60 per cent of the national territory) divide the country into two sharply differentiated regions: arid and semi-arid in the north (Gao, Tombouctou, Kidal) where population density is barely 1 inhabitant per square kilometre; and the central and southern regions (Mopti, Sikasso, Segou, Koulikoro, Kayes and Bamako), with an average population density of 10 inhabitants per square kilometre. Internal migration from rural to urban areas and from north to south has contributed to a sharp growth in the urban population (which currently constitutes 20 per cent of the total) and has led to acute pressure on urban social services. Migration abroad has deprived the country of important skills and competence that are badly needed for the country's socio-economic development.

7. Since Independence in 1960, Mali has witnessed a sharp reduction in the infant mortality rate, declining from 250 per 1,000 to 102 per 1,000 in 1991 and an increase in life expectancy from 35 years to 55 years in 1991. In spite of the fairly large number of health facilities (769 urban, peri-urban and rural health units) and the Government's efforts to improve health services and child survival over the years, maternal and infant mortality rates are still relatively high in comparison with other West African countries; modern contraceptive prevalence is only 1.2 per cent; 50 per cent of deaths among women of child-bearing age are due to childbirth; and adolescent pregnancies and clandestine abortion are still widespread.

8. Economic and social factors. Mali's economy is based mainly on agriculture and fishing, with an average annual per capita income of $270. At the beginning of the last decade (1980), the Malian economy was in structural crisis due mainly to unfavourable external factors. The remedial measures taken from late 1982 in liberalizing the economy and instituting management reforms were interrupted as a result of the widespread drought and the fall in the world market price of cotton in 1985. From 1988, the Government committed itself to a medium-term structural reform programme covering the liberalisation of the economy, reform of the public enterprise sector and the improvement of the management of public resources.

9. Mali has made considerable improvements in the health sector since Independence in 1960. However, 70 per cent of deaths among children under age five are attributable to infectious and parasitic diseases; the standards of nutrition are falling; only 25-30 per cent of the population have access to a fixed health facility; only 56 of the 769 fixed health facilities provide family planning services; and only 40 per cent of the population have access to potable water. Although sexually transmitted diseases (STDs), especially AIDS, are on the increase, there has been a lack of willingness on the part of international donors to provide assistance to combat their spread because of a perceived lack of commitment on the part of national authorities. Furthermore, the operational activities of the national health programme, in terms of planning, staff allocations, supervision, collaboration with NGOs, coordination, and logistics, leave much to be desired, especially in rural areas where family planning services are hardly available, NGO involvement is minimal, and logistics management is very weak.

10. The Government has also made efforts to make the public education system generally accessible. Between 1960 and 1987, school enrolment increased from 9 per cent to 27 per cent of children of school age; investment in the education sector doubled (from 13.8 per cent to 27 per cent of the total national budget) between 1968 and 1987. Despite the Government's efforts in this sector, the enrolment rate of children of school age remains low: in 1990-1991, it was 19.1 per cent for girls and 38 per cent for boys. Adult literacy is 27 per cent for men and 11 per cent for women.

11. Although successive governments have attempted to improve the health and economic and social status of Malian women, sociocultural barriers to their advancement still exist. These barriers include the early age of women at first marriage (average of 15.7 years), pro-natalistic attitudes, polygamy and female circumcision. In addition, women also need their husbands' consent to use contraception and are adversely affected by discriminatory family and inheritance laws.

12. Having recognized the need to integrate demographic variables into development planning in order to achieve a balance between the population growth rate and available resources, the Government declared a national population policy on 8 May 1991, with the goal of improving the standards of living and quality of life of the Malian population through improvements in education, health, food, employment and housing. Efforts are currently being made to elaborate an action plan to implement the population policy and create appropriate central and regional structures.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. UNFPA assistance to Mali started in 1974 on a project-by-project basis. The first comprehensive country programme was approved by the Governing Council in 1979 for a total amount of $4.5 million. By 1992, UNFPA had allocated approximately $7.7 million for population activities in the country, covering all areas of the Fund's mandate.

14. UNFPA assistance has produced some encouraging results, such as the Government's strong commitment to population issues, which culminated in the recent adoption of the national population policy; a high level of national execution of UNFPA-funded programmes (80 percent over the period 1987-1992); and increased knowledge of UNFPA's role in promoting the population policy as well as increased cooperation among donor agencies in the population field.

15. However, UNFPA programme development and implementation were hampered by a number of problems and constraints. The most important ones were: (a) the continued existence ot the 1920 French colonial law prohibiting family planning; (b) negative sociocultural attitudes towards family planning; and (c) weak or inadequate structures for population policy implementation. Others included: (a) disruption of the previous programme because of country-wide socio-political disturbances in January-March 1991 and the Tuareg uprising of 1991-1992; (b) ineffective institutionalization of the Population Programme Unit, which has resulted in poor coordination of population activities and of donor assistance; (c) the social effects of the country's structural adjustment programme; and (d) bureaucratic delays in providing government contributions towards programme implementation.

Maternal and child health and family planning

16. UNFPA assistance for MCH/FP activities amounted to approximately $2.4 million for the period 1979-1992. The Fund's support enabled the Government to formulate a national MCH/FP programme and to create the Family and Community Health Division to conceptualize, orient and coordinate programme activities. It also facilitated the integration of family planning into the MCH infrastructure in 56 urban and peri-urban health units in the five southern regions (Kayes, Koulikoro, Sikasso, Segou and Mopti) through the training of nearly 1,000 local medical and paramedical personnel in MCH/FP service delivery, contraceptive technology, IEC techniques and health data collection, and of 40 senior cadres through fellowships in gynaecology, health education, public health and family planning.

17. UNFPA's support to renovate and equip MCH centres in Kayes and Sikasso regions, and to provide contraceptives and medical kits to MCH units, quickened the pace of the integration of family planning into MCH units, thereby making family planning services more widely available. The production of IEC materials in local languages through assistance for the expanded programme of immunization (EPI) also helped the family planning motivation campaigns. The introduction of family planning into the curricula of the public health institutions helped to produce over 300 trained service providers. Support to the national AIDS programme in connection with STD activities holds out the hope of reducing the incidence of sexually transmitted diseases. Furthermore, a February 1991 workshop funded by UNFPA on government and NGO collaboration provided a good forum for an exchange of views on ways to make donor collaboration more effective.

18. Despite these successes, the MCH/FP programme is still faced with various problems and weaknesses, the most important of which are: (a) sociocultural constraints on family planning activities; (c) the

unavailability of family planning services in rural areas; and (c) inadequacy of monitoring and evaluation mechanisms. Other problems include: (a) the confirmed high incidence of clandestine abortion, teen-age pregnancy, and excision; (b) the inequitable allocation of health personnel between urban and rural areas; (c) high turnover of staff; (d) underutilization of local research institutions (e.g. Centre d'études et de recherche sur la population pour le développement (CERPOD) and the National Institute for Research on Public Health); (e) the generally poor quality of technical back-stopping; and (f) inadequate allocations to MCH/FP in the health budget.

Information, education and communication

19. In the area of population IEC, UNFPA has supported activities aimed at increasing the awareness of national authorities and the general public about Safe Motherhood, the advantages of birth spacing, the relationships between the population growth rate and available resources, and responsible parenthood. UNFPA assistance to this sector amounted to over $2.0 million for the period 1979 to 1992.

20. In the area of formal education, UNFPA assistance helped to introduce family life and population education into the formal school system. It also enabled the Government to establish a multi-disciplinary Population Education Unit in the Ministry of Education, provide technical training for senior cadres, conduct a sociocultural survey, and elaborate a family life and population education programme. These activities culminated in the development of a curriculum for subsequent experimentation in selected schools. Apart from administrative bottlenecks inhibiting the provision of adequate office space for the Population Education Unit and delays in completing the sociocultural survey, UNFPA did not encounter major problems in this sector. However, a large proportion of the population within the 10-25 year age bracket remains outside the formal education system. They lack the necessary rudiments of basic literacy that is the fundamental requirement in making them aware of population issues and of understanding the need for responsible parenthood.

21. In the non-formal IEC sector, UNFPA provided assistance to train journalists, conduct training courses in family life education for women and cooperatives, organize sensitization seminars on various population-related issues, and produce audio-visual materials and functional literacy programmes. While such efforts have considerably increased awareness about population problems among policy makers, they have been much less successful among the general public, especially those living in rural areas. Indeed, there is no global IEC strategy for the country, and IEC activities tend to be uncoordinated and unfocused. The participation of the media in the area of population communication has been quite modest, due partly to poor coordination, partly to lack of motivation, and partly to the obvious fear of the implications of the 1920 French colonial law prohibiting dissemination of family planning information.

Data collection and analysis

22. UNFPA assistance helped to establish the principal sources of population data in Mali, particularly the first and the second population censuses of 1976 and 1987. The 1987 census was conducted entirely by national experts. The final 1987 census results were published in eight volumes and disseminated at a national seminar in October 1991 although some of the results (especially infant mortality and migration rates) provoked a controversy due to unreliable data. UNFPA also supported efforts to improve the country's civil registration system by providing training and supplying registers and equipment. Within two years of their establishment, the civil registration centres had registered an estimated 50 per cent of all births, marriages and deaths and had undertaken sample surveys in the nomadic zones. Particular attention was paid to the analysis

and publication of the data collected, as well as to the dissemination of tabulated results. These achievements were marred by the wilful destruction of civil registration registers and materials during the socio-political events of March 1991. Moreover, the system has still not been able to cope with such problems as the wide dispersion of the population over vast stretches of territory, difficult and expensive communications and transportation, and the absence of legislation on civil registration in the nomadic zones.

Population policy formulation

23. UNFPA assistance in the area of population policy formulation started in 1981. A Population Unit was subsequently established in 1983, with the mission of assisting the Government in formulating a national population policy and developing a coherent framework for population activities in Mali. With UNFPA financial assistance and with the International Labour Organisation (ILO) as executing agency, the Population Unit undertook all the necessary spadework for elaborating and defending the population policy. This included making the necessary baseline surveys and other studies, creating the inter-ministerial Consultative Group on Population (GECAPOP), preparing the draft population policy and then sponsoring the seminars and other awareness-creation activities that led to its adoption.

24. Thanks to the efforts of the UNFPA-supported Population Unit, on 8 May 1991 the Government of Mali adopted a national population policy designed to improve the standards of living and quality of life of the Malian population through education, health, employment, food and housing. UNFPA has continued to support the Population Unit in efforts to elaborate sectoral plans and a priority investment programme to facilitate the implementation of the national population policy. A comprehensive evaluation of the performance of the whole population policy sector was undertaken in November 1992 in order to determine how and to what extent UNFPA would provide future assistance for this sector. UNFPA also participated in the joint funding of the donors' round table in late 1992, whose aim was to share financial support for the implementation of the national population policy. The Population Unit is still faced with the inadequacy of its staffing, office space and data-processing equipment. The slow pace of integration of the Population Unit within the Government's institutional framework has been partly responsible for the Unit's inability to effectively coordinate population activities, particularly those of international donors.

Women, population and development

25. The first phase of UNFPA assistance to Mali supported a survey on the problems affecting the health and status of women in Mali, including female circumcision, abortion and teen-age pregnancy, among others. The survey presented a general analysis on the major causes and effects of these problems as well as the opinions of Malian society. There is, however, no quantified information on the scope or extent of the problems discussed. The survey found that female circumcision is practiced among all tribes in Mali. Abortion was found to be common and to have such grave consequences as infertility, sterility, death, haemorrhage and chronic infections. Most of the people who practice abortion, by both traditional and modern methods, have no knowledge of contraception and sex education. The survey also found that the number of teenage pregnancies had escalated since Independence in 1960. Among the reasons for this was the inaccessibility or unavailability of family planning information and services. The study made a number of recommendations for addressing the problems cited and working to improve women's health and status generally. These included expanding family life education and making family planning information, education and services available and accessible to all Malians. The results and recommendations of this study were disseminated during regional and national seminars organized in 1985 and were used for subsequent programme development.

26. The second phase of UNFPA assistance in the area of women, population and development was geared towards strengthening the National Union of Malian Women (UNFM) through family life education, with a view to improving women's living conditions and their participation in population and family welfare programmes. Support was provided for various workshops and seminars as well as technical assistance for programme implementation and management. After March 1991, UNFPA assistance was directed to the newly created State Secretariat for Women's Promotion. Support was provided to organize the Women's Forum and a series of consultations culminating in the adoption of a national policy for women's development.

Other external assistance

27. UNDP, the United Nations Children's Fund (UNICEF) and the World Bank are the other major multilateral donors supporting population activities in Mali. UNDP supported the second population census in 1987 and plans to provide assistance for women's activities, health education and environmental management in its 1992-1996 programme. UNICEF's assistance amounted to $41.6 million for the period 1988-1992 while its next (1993-1997) programme of assistance is estimated at $40 million. Support is to be provided for primary health care, basic education and women's development in selected regions of the country. The World Bank has provided a loan of $48 million to strengthen the education sector, especially primary education, and has pledged $26.6 million towards the second Health, Population and Rural Water Supply project.

28. Among bilateral donors the United States Agency for International Development (USAID) has pledged $15.7 million to the Community Health and Population Services project for the period August 1991 to September 1998. USAID also supports integration of MCH/FP services into primary health services in urban areas, an HIV/AIDS prevention project, the Child Survival Initiative and a child survival and family planning project in Kolondieba. USAID also assists a number of other reproductive health projects through various NGOs. The coordination of donor assistance, both by the Government's Population Unit and among donors, has been neither effective nor efficient.

IV. PROPOSED PROGRAMME 1993-1996

29. The immediate objectives of the proposed UNFPA programme are stated in paragraph 3 above. The programme strategy designed to achieve these objectives would focus on: (a) integrating the goals and objectives of the national population policy into all development programmes and projects; (b) strengthening institutional capacities of government agencies and NGOs to implement population programmes and coordinate donor assistance; (c) strengthening and expanding family planning services in urban, peri-urban and rural areas; (d) elaborating a comprehensive, intersectoral population IEC programme targeted to specific priority groups, including men, women, youth, newlyweds and political and religious leaders; (e) strengthening the present system of data collection and analysis and encouraging adequate and effective utilization of the data collected; and (f) developing a national strategy to promote the role and status of Malian women. The PRSD mission proposed that UNFPA concentrate on one of the eight regions (Sikasso) in order to test the proposed strategy during the period 1993-1996, with a view to replicating the approach in other regions in the future. The Government, having considered its priorities, the assistance being provided by various agencies, and the political implications of concentrating assistance in only one of the regions has asked UNFPA to expand operations to three regions, namely Sikasso, Gao and Tombouctou.

Maternal and child health and family planning

30. According to the national population policy, the Government intends to increase the contraceptive prevalence rate from the present 1.2 percent to 60 percent in 2020. UNFPA considers this objective to be too ambitious to attain in 28 years. UNFPA assistance in the area of MCH/FP aims at increasing the use of modern contraceptive methods among women of reproductive age from the present 1.2 per cent to 10 per cent in 1996; reducing the maternal mortality rate from the present 1,000 per 100,000 live births to 600 per 100,000 and reducing the infant mortality rate from the present 102 per 1,000 live births to 84 per 1,000 in 1996. In order to achieve these objectives, UNFPA would support the Government's strategy to involve non-health personnel and to decentralize and generate additional demand for family planning services. UNFPA strategy would focus on strengthening family planning services in the existing 56 urban and peri-urban health centres in five regions and expanding services into the remaining five urban health centres of these five regions as well as in 60 rural health units in the three UNFPA-priority regions.

31. The Fund's assistance would concentrate on integrating family planning services into existing MCH centres and developing an outreach family planning programme for rural areas in the three priority regions. Support would be provided to train medical and paramedical staff, traditional birth attendants (TBAs), extension workers, and to provide equipment, essential drugs and contraceptives. The contraceptive mix would include condoms, which would also be used to increase awareness about the prevention of AIDS and other STDs. The strategy utilized in this sector would be based on the Safe Motherhood approach and the conclusions and recommendations of the survey discussed above on problems affecting the reproductive health of Malian women, such as teen-age pregnancy and circumcision. National execution would be encouraged, with technical backstopping from WHO and the UNFPA Country Support Team based in Dakar, Senegal. Operations research on such subjects as contraceptive requirements, the determinants of maternal mortality and the underlying causes of infant mortality would be arranged through the National School of Medicine. UNFPA would provide a total amount of $2.3 million for MCH/FP activities, of which $700,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

32. In view of the absence of a national IEC strategy, the relatively low impact of family planning activities, the uncoordinated manner in which non-formal IEC has been carried out, the existence of several unexplored traditional and modern channels of communication, and the embryonic nature of the formal population education programme, the PRSD mission recommended that the IEC sector should be UNFPA's first priority during the third programme period. The main objective of UNFPA assistance to this sector would be to ensure adequate IEC support for all population activities in the country. The most important activities of the proposed strategy are to: (a) create an intersectoral IEC committee to conceptualize, orient and coordinate population IEC activities; (b) develop a national IEC strategy; and (c) produce IEC materials to sensitize all parts of Malian society on the importance of population issues. Other activities include: (a) continuing the introduction of family life and population education into the formal school system; (b) strengthening IEC capacity, especially the "Association Malienne pour la Protection et la promotion de la Famille" (AMPPF); and (c) monitoring and evaluation of the quality and impact of communication programmes on Malian society, particularly in the evolution of the use of contraceptives.

33. In the area of formal population education, UNFPA's strategy would be to continue to support the introduction, on a pilot basis, of the concepts and notions of population and family life education into the formal school system with particular emphasis on responsible parenthood, AIDS prevention, and the

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environment. Support would be given to consolidate the first phase of the programme and to experiment with the newly developed curriculum by providing funds to develop training materials, conduct study tours for teachers, set up a documentation centre, procure reprographic equipment and pay for transport.

34. In the area of non-formal population education, UNFPA assistance would focus on developing a national consensus in favour of the recently adopted national population policy. This would be achieved by integrating IEC elements into the population policy implementation plan; elaborating sectoral IEC strategies; mobilizing the human resources of the public, private and NGO institutions concerned; strengthening institutional capacities for dissemination of information on population problems; establishing a sociocultural databank, including an inventory of available IEC materials; broadcasting regular programmes on population issues; and introducing population education into functional literacy programmes and into the sensitization and information seminars designed for political leaders and opinion makers. Close collaboration and cooperation would be sought with UNFPA's partner agencies in the Joint Consultative Group on Policy (JCGP) and with other agencies active in the population field. UNFPA would provide a total amount of $1.4 million for the IEC sector, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

35. The main objective in the area of data collection and analysis would be to make accurate socio-demographic data available for development planning and other uses. UNFPA would therefore provide assistance to enable Mali to participate in a subregional survey on migration and urbanization and to carry out the preparatory activities for the third population census planned for 1997. UNFPA would also provide technical assistance to other sectors to conduct the baseline surveys needed to design population activities. UNFPA would allocate $300,000 for data collection and analysis activities, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

36. The existing national institutions (the Population Unit and GECAPOP) charged with implementing the new national population policy, do not respond adequately to the requirements of the policy in terms of conceptualization and programme management, monitoring or evaluation. In order to make the new national population policy a reality, the Government proposes to create new national and regional structures to help orient and coordinate the programme.

37. The main objective of UNFPA assistance in this area would be to help build up national capacity to implement the national policy effectively by sponsoring training activities in the Population Unit and the National Bureau for the Coordination of Population programmes (BUNACOP). UNFPA would provide support for technical assistance to develop an implementation and staff training plan. The World Bank plans to provide assistance to strengthen institutional capacity, provide equipment and secure office space. UNFPA would allocate a total of $650,000 to this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

38. UNFPA assistance in the area of women, population and development would focus on assisting the Government in developing a national strategy to promote the role and status of women that would include

linkages to population variables. UNFPA would provide assistance to the State Secretariat for Women's Promotion to help it develop a coherent, coordinated approach to improving the role and status of women, secure the collaboration of the Government, NGOs, particularly AMPPF, and donor agencies working in this area, and make use of all relevant documentation, such as legal texts and research studies, to develop the national strategy.

39. The Fund would support efforts to consolidate the achievements of the women, population and development components of the two previous programmes by, for example, providing funds to publish in a popular format the results of the study on Malian women discussed above and of the legal and religious texts protecting the rights of women and children. UNFPA would provide assistance for IEC activities and for training of trainers with the aim of promoting family planning and Safe Motherhood. It could also work through the mass media and other communication channels to eliminate traditional practices that adversely affect women's health and to promote Safe Motherhood. The proposed programme would provide assistance to the women's promotion centres in the rural areas of Bla and Ouelessebougou. These centres would be assisted in providing IEC support for the family planning outreach programme. A total amount of $350,000 would be allocated for women, population and development activities, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

40. An amount of $200,000 would be set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

41. The Ministry of External Affairs and International Cooperation is responsible for the overall coordination of all external assistance, while the Ministry of Finance, Economy, and Planning coordinates all population activities in the country. Operational activities to implement the national population policy are coordinated by BUNACOP. Members of the Joint Consultative Group on Policy (JCGP) have synchronized their programming cycle. Under the auspices of the Resident Coordinator for United Nations operational activities, the meetings of the JCGP and other agencies of the UN system would be continued. UNFPA would institute quarterly meetings with UNICEF, USAID, and the World Bank in order to facilitate effective coordination of donor support for the implementation of the national population policy.

Programme monitoring, evaluation and management

42. UNFPA's programme of assistance would be monitored and evaluated in accordance with standard UNFPA procedures and requirements. A mid-term review of the programme would be organized in November 1994 and a final review would take place towards the end of 1996. All activities would have built-in monitoring and evaluation components to verify implementation at regular intervals and to assess the results and contributions of programme activities to the achievement of the overall goals of population activities in the country. The programme would be monitored by the UNFPA Country Director and his support staff, under the overall guidance and support of the UNFPA Representative. UNFPA would make full use of available and appropriate technical assistance, complemented by the UNFPA Country Support Team located in Dakar, Senegal.

Financial summary

43. As indicated in paragraph 1, UNFPA would provide assistance to Mali in the amount of $5.2 million over the four-year period 1993-1996, of which $3.2 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,600,000	700,000	2,300,000
Information, education and communication	1,000,000	400,000	1,400,000
Data collection and analysis	100,000	200,000	300,000
Population policy formulation	150,000	500,000	650,000
Women, population and development	150,000	200,000	350,000
Programme reserve	200,000	---	200,000
TOTAL	3,200,000	2,000,000	5,200,000

V. RECOMMENDATION

44. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Mali in the amount of $5.2 million for the four-year period 1993-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $3.2 million from UNFPA's regular resources, over the period 1993-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $2 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Mali and with the executing agencies.